Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10816 10824 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) Gambrills Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital Underwood Road YES NO arbon a 3. NAME OF Middle Last 4 DATE Month Year Day DECEASED ABEND (Type ar print) DEATH August 19 66 John Adolph remove can any event 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE X 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Manths Days Hours DIVORCED White WIDOWED April 12, 1903 Male and 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY B.S. Farmer own farm Baltimore. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louisa Schmidt Adolph Abend 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service) 16 SOCIAL SECURITY NO 17. INFORMANT Address 218-14-3353 Mrs. Anna M. Abend - same as #2 above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEE signed by the buriof-tronsit p PART I, DEATH WAS CAUSED BY: ONSET AND DEAT IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause the hospital or attending the O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO for 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Not While at work L at work 21. I certify that (1) (this haspital) attended the deceased from 1 4 1% 6, that (1) (we) last Poge 4 moy be retained M, fram causes and an the date stated above. and that death accorred saw the deceased alive an 22g. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS directar, poge should be filed 22d. ADDRESS 22c. PHYSICIAN Charles W. NAME (Type) Kinzer. MD Edgewater, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 8/24/66 Glen Haven Cemeterv Glen Burnie 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR Hopping Charles VR A15 (4) 20 M 1/66 HOPPING FUNERAL HOME -Annapolis

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10817 requires that the death certificate be executed within 24 haurs after death and death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) . PLACE OF DEATH a. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If autside corparate limits, MARYLAND c. LENGTH OF STAY IN 16 outside carporate limits, write RURAL and give nearest town write RURAL and give nearest tawn) APOWIS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Linden YES NO I ent, within DATE NAME OF Middle Day Year First carbah DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH remove pirthday) Months Dovs Hours DIVORCED WIDOWED in any and 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RINDUSTRY COUNTRY? UILDING 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no corunknawn) (If yes give war ar dates of service NURSING 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying cause has been the priar ta last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. af Health NO by the hospital ar TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Manth, Doy, Year Hour o.m. Not While factory, street, affice bldg., etc.) at work at work 21. I certify that (I) (this haspital) attended the deceased from 8-13, 1966 that (1) (we) last 19 605 to directar, page 3 shauld shauld be filed with the 10 1966, and that death accurred at RPM, fram causes and an the date stated abave. the deceased alive an 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS. 22d ADDRESS NAME (Type) IAME OF CEMETERY OR CREMATORY LOCATION (City or Tawn) (Stote) 23a. BURIAL, CREMATION BURY 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Charle

THEFT Building CARCIAVARA OF BLADDER 180005 Contract your strike to be a first that the strike the 8-10 66 00 00 00 00 8 00 00 00 00 9-18-6 B B 5-18-66 EDUADO S GEEK PERUKUIN ST. Stilling Billing HSBURY Henous HA Ms.

24. FUNERAL DIRECTOR AOORESS VR AIS

23d. LOCATION (City, town or county) (State)

22b.

(County)

DATE SIGNED

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10828 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death filled in by the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE Maryland o. COUNTY b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5mos. 14das. Snow Hill Crownsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Crownsville State Hospital Unknown YES NO pou Middle Lost DATE Month Doy Year completely DECEASED #31343 8 66 19 (Type or print) DEATH COL IF UNDER 24 HRS. S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours 3/15/90 any Male Neoro WIDOWED DIVORCED gug 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY pleose INDUSTRY physician and Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remavo en Deceased Deceased the ottending parties of the 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service Unknown Hospital Records cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c). ONSET AND DEATH -tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO signed buriol-1 buriol, Canditions, if any, which gove rise to immediate couse (o), DUE TO as the prior take stating the underlying couse has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Heolth NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work 1966 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from be retained and that death occurred at 10 M, from couses and on the date stated above. saw the deceased alive on. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS. \_PHYS filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 10 ANINE director, 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 250. REC'D, BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** 108 W. Weshington St. Annapolis, Maryland William Reese

12 Lidd method in Substitution of the PINH - CHERT Caragestry F. HERT PRIMER HARRESTEE CONTOURSELDE commend with the stone 

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, CERTIFICATE OF DEATH funeral 9 Film #G 8/21/66 pc . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY COUNTY 24 Anne Arundel Maryland MARYLAND Caroline by th b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) -Glen Burnie 7 weeks Federalsburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS . IS RESIDENCE hours ON A FARM? etely 1028 Fitzallen Road YES NO THE Central Avenue 3. NAME OF Middle 4. DATE DECEASED OF 0 (Type or print) C. DEATH Brown Ruth 19 66 August 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and lest birthday) Months Female WIDOWED [ DIVORCED [ remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Gambrills, AA Co., Md. IISA Housewife Own Home please 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME b Charles W. McNemar Etta H. Turnbaugh aften Then oval 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) | (If yes give wer or detes of service) Mrs. Pauline Howard, same as 1 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN P 0 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed I-fransit IMMEDIATE CAUSE (a) Carcinomatoris DUE TO Conditions, if any, which burial geve rise to immediate ceuse DUE TO (a), steting the underlying cause last. certificate hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY as CERTIFICATION PERFORMED? prior use YES T NO R 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Pert II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) ō fectory, street, office bldg., etc.) Hour a.m. While Not While DIRECTOR: at work at work 21. I certify that (1) (INIX toxinat) ettended the deceased from June 20 1966, to...10...Aug......., 19.66, that (1) (xgr) last o saw the deceased alive on thing 10 1966, and that death occurred at 15 A from the causes and on the date stated ebove. 22a. SIGNATURE 22h. DATE ATTENDING ( abolin HOSPITAL FUNERAL page with th DIRECTOR PHYS. 11 Aug. PHYS. M.D. 10 be 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) filed, Robert Dabolins, M.D. 400 Crain Hwy., N.W., Glen Burnie, Md. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY る意思 REMOVAL (Specify) 0 Baldwin Memorial Millersville, Md. Burial 1966 Aug. 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DATE AUG VR A15 (4) Kirkley Funeral Home, Glen Burnie, Md. 20M 5-63

	RCH AND RECORDS	, 301 W. PRESTON STREET, BALTIM	ORE 1. MARYLAND
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	MARYLAND	Maryland	Prince Georges
	c. LENGTH OF STAY IN 1b	LAUREL vis Dr	16 2
			APT #202 YES NO X
NAME OF SAUNDRA First	A NN Middle	Last 4. DATE MO	Day Year 19 66
	MEACH WWW.ICD 35	B. DATE OF BIRTH 9. AGE (In year last birthda	rs   IFUNDER 1 YEAR   IFUNDER 24 HRS
Ing most of working life, even if retired) IN	ND OF BUSINESS OR DUSTRY N/A	11. BIRTHPLACE (County & State, or foreign cour ANNE ARUNDEL, MD	ntry) 12. CITIZEN OF WHAT COUNTRY? USA
EDSEL G. CAMPELL		CHRISTLANE VINCENT	
es, no, or unkown) (If yes give war or dates of service)  N/A  N/A		(Ladici)	dress tem #2
PART I. DEATH WAS CAUSED BY: RESP.	IRATORY AND CAR		INTERVAL BETWEEN ONSET AND DEATH
(0)		THE TAX THE TAX TO SEE THE TAX TO SE	INI DADTA(-) INO MAR AUTODOV
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU  20a. ACCIDENT WAS UNDERLYING   20b. D OR CONTRIBUTING   CAUSE OF DEATH		TED TO THE TERMINAL DISEASE CONDITION GIVEN  IRRED. (Enter nature of injury in Part I or Part I	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU  20a. ACCIDENT WAS UNDERLYING 20b. D  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 while at work	ESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of Injury In Part I or Part I  CE OF INJURY (Home, farm, 20f. (City or town) ry, street, office bidg., etc.)	PERFORMED? YES NO (State)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU  20a. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 While at work  21. I certify that (I) this hospital attende saw the deceased alive on 220 A.C.	IJURY OCCURRED 200. PLAN facto at work	IRRED. (Enter nature of Injury In Part I or Part I  CE OF INJURY (Home, farm,   20f. (City or town) ry, street, office bidg., etc.)	PERFORMED? YES NO (State)  (County) (State)  9 Airs 66, that (1) 706 laces and on the date stated above
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (I) Story to attende saw the deceased alive on 22a. SIGNATURE	IJURY OCCURRED 200. PLAN facto at work	CE OF INJURY (Home, farm, ry, street, office bidg., etc.)  30 19 AUG, 1966, to 2130 1 teath occurred at 2139M, from the caus  ATTENDING MED. STAFF PHYS. [22d. ADDRESS]	PERFORMED? YES NO  (County) (State)  (State)  PERFORMED? YES NO  (State)  DATE BECINED
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU  20a. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 While at work  21. I certify that (I) this hospital attende saw the deceased alive on 220 A.C.	IJURY OCCURRED 20e. PLAN of While at work  the deceased from 15 19 19 6 , and that	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)  30 19 AUG, 1966, to 2130 1 death occurred at 2130M, from the caus DIRECTOR PHYS.  22d. ADDRESS  KIMBROUGH ARMY HOSPIT	PERFORMED? YES NO (It of Item 18.)  (County) (State)  PAIN 66, that (I) WS law are and on the date stated above 22b, DATE SHONED  AL FT GEO. G. ME. (Town or county) (State)  VIRGINIA
alar 3.	A. COUNTY  ANNE ARUNDEL COUNTY  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  d. NAME OF HOSPITAL OR INSTITUTION (if not in ho KIMBROUGH ARMY HOSPITAL  NAME OF BECEASED (Type or print)  SEX 6. COLOR OR RACE 7. MARRIED (Type or print)  SEX 6. COLOR OR RACE 7. MARRIED (Type or working, life, even if retired)  NA  3. FATHER'S NAME  EDSEL G. CAMPELL  5. WAS DECEASED EVER IN U.S. ARMED FORCES? (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ANNE ARUNDEL COUNTY  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  KIMBROUGH ARMY HOSPITAL FT. GEO. G. ME.  NAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED  1. SUJAL OCCUPATION (Give kind of work done in the print)  1. SUBJAL OCCUPATION (Give kind of work done in the print)  1. SUBJAL OCCUPATION (Give kind of work done in the print)  1. SEX  1. FATHER'S NAME  EDSEL G. CAMPELL  5. WAS DECEASED EVER IN U.S. ARMED FORCES?  1. SOCIAL SECURITY NO.  1. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  1. Conditions, if any, which gave rise to immediate cause (a), stating the  1. DUE TO  PREMATURITY  DUE TO  PREMATURITY  DUE TO  DUE TO  DUE TO  PREMATURITY  DUE TO  DUE TO	ANNE ARUNDEL COUNTY  B. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (if outside corporate limits, LAUREL 100 Dr.  C. CITY OR TOWN (if outside corporate limits, LAUREL 100 Dr.  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (if outside corporate limits, LAUREL 100 Dr.  C. CITY OR TOWN (if outside corporate li

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10823 10831 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remove carban papers. Pages 11 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Maryland MARYLAND Anne Arundel Anne Arundel b. CITY OR TOWN (If autside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Annapolis RURAL-Arnold d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM2 Anne Arundel General Hospital Rt. 3. Shore Acres Rd NAME OF 4. DATE Year DECEASED The Ima Catherine CASTEL DEATH August (Type ar print) 9. AGE (In years lost birthdoy) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS SFX 6. COLOR OR RACE 7. MARRIED 1914 NEVER MARRIED Months Dovs Haurs in any September 4, 1966 WIDOWED DIVORCED Fema.le White 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (Country & Stote) or foreign country) COUNTRY ? please during most of working life, even if retired **HNDUSTRY** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, attending p permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar ynkrown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT INTERVAL BETWEEN ONSET AND DEATH IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO burial, Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying couse as the priar ta has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES **DIRECTOR:** After this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. foctory, street, affice bldg., etc.) Not While of work pe 21. I certify that (1) (this haspital) lattended the deceased fram. 1957, that (1) (we) lost M. fram tauses and an the date stated above. and that death accurred at saw the deceased alive on... 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR ATTENDING M.D. PHYS PHYS. 22d. ADDRESS PHYSICIAN'S TO FUNERAL NAME (Type) Klawans 317 Southquate Ave. Annapolis, Md Maurice 23c HAMD OF CEMETERY OR EREMATORY 23o. BURHAL, CREMATION, REMOVAL (Specify)~ 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (State) 250A UCO BY REGISTRAN 66 24 SUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201, 10832 CERTIFICATE OF DEATH death CV by the funeral Pages 1 and 2 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)

Anne Arundel General Hospital e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 19 Bloomsbury Square YES NO 3. NAME OF Middle 4 DATE Lost Doy Year completely 90 DECEASED CATTERTON 1966 Rita 19 remove earb August (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours Jan. 13. Female White WIDOWED DIVORCED and 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY ? lease during most of working life, even if retired) Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remayal, 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service Б crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per type for (o), (b), and (c) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) burial, Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse has been the lost. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) WAS AUTOPSY PERFORMED? Liloles YES NO XX TO FUNERAL DIRECTOR: After this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this hospital) oftended the deceased fram. 1966 that (1) (2008) lost be retained M, from causes and an the date stated above. 1966, and that death occurred at saw the deceased alive an 22b. DAJE SIGNED 220 SIGNATURE M.D. DIRECTOR PHYS. PHYS page e filed 22d. ADDRESS 22c. PHYSICIAN'S director, po NAME (Type) Peter F. Verkouw, M.D. Forest Drive, Annapolis, Md. BURIAL, CREMATION, 23b. DATE THEREOF 23C NAME OF CEMETERY OR CREMATOR' 23d. LOCATION (City or Town) (County) (Stote) 230. 256. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS 1966

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	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
h 37		10837 CERTIFICATE OF DEATH	10825
ours after 2 should h.	1.	PLACE OF DEATH  e. COUNTY HANE ARUNDEL MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institute of STATE MD.  b. COUNTY A. STATE MD.	1. H. Co.
in 24 ho in by t pes 1 and after deal		b. CLTY OR TOWN (if outside corporete limits, write RURA)  THE RURAL STREET ADDRESS  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	A end give neerest town)
hours Page 1	B1 3.	MAME OF First Middle Last 4. DATE Month	ON A FARM? YES NO
execut comple on pap	5.	7. MORRICO DE CITETE MARKIED	2/ 1966 DER 1 YEAR   IF UNDER 24 HRS.
ian and	10.	WIDOWED DIVORCED S-31-1882 Saskbrithday) WIDOWED 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12 BIRTHPLACE (County & State, or foreign country) 12	hs Deys Hours Min.
th certifi g physic sse remo in any e		EARDENTER BUILDING H.H.CO. MD.	U.S. H.
the deal attending hen ples al, and		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Y. INFORMATIT  Address  ### Addr	-0
cian. by the s	-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (e).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
ding physist signed signed l-transit pe		Conditions, if eny, which (b) attribute cardi evasular directions gave ise to immediate cause)	10 yrs.
N: The or attender has be harial, cr	7	(a), stefting the underlying DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a)   19. WAS AUTOPSY
rospital certificate use as trior to the rior to the r	CERTIFICATION	Servile pulmona complytema  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port I or Port II of item 18.)	PERFORMED?
by the by the fer this ched for dealth p		OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town)	(County) (Stele)
etained OR: Aff	MEDICAL	Hour a.m.  p.m.  19   While   Not While   fectory, street, office bldg., etc.)    21.   certify that (I) (this hospital) attended the deceased from	. 19اماد, that (I) (we) las
AT State D		saw the deceased alive on	
TTAL age 4		22c. PHYSICIAN'S NAME (Type) TILLY HEREOLUNIAN A.D. PHYS. DIRECTOR	2 MD
death. Post of Fune director, be filed	23	BURIAL, CREMATION, 23b. DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY  THOUGH (Specify)  23d. LOCATION, (City, town or CREMATORY)  23d. LOCATION, (City, town or CREMATORY)	county) (State)
VR A15 (4)	24	UNERAL DIRECTOR'S SIGNATURE SOUS PADDRESS ADDRESS MA 250. REC'D BY REGISTRAR 256. REGISTRA AND ADDRESS DATE AUG 23 1966 FC	R'S SIGNATURE
00			- V

MARYLAND STATE DEPARTMENT OF HEALTH

12 12 1 A. A. Co. FRANK HEUNDEL St. 1740418E#S FRENCHI BRY MANDE MURESING HOME HARREY C. 21 66 8-34-1882 83 CARPENTER BULDING AACO, MD. US H. BEERT CHAREY KATIE LONG
NO ELIZABETH CHAREY JoHN HEDERHAN FREEST DR HOWARKS MD BIRIAL 8-24-66 HSBURY FRUILD Exola M. J. Tax Dow Chungolin M. AUG IS 1968 March 196

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death. and PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Anne Arundel Maryland Anne Arun del MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Annapolis C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) 42 yrs. Annapolis ₽. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 413 Chesapeake Ave. 413 Chesapeake Avenue NOTX YES etely 3. NAME OF First Middle Lest DATE Month Day DECEASED EVA MMN CHASE (Type or print) Aug. DEATH 29 19 66 5. SEX 6. COLOR OR RACE remove 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | Jast birthday) | Months | Days | Hours | Min 7. MARRIED NEVER MARRIED Female Negro Months I Days Hours and Aug 12-1896 WIDOWED J DIVORCED [ 5 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease pe and during most of working life, even if retired) INDUSTRY COUNTRY? \*\*\*\*\*\*\* Waitress Phil. Pa. certificate 7 13. FATHER'S NAME attending phy ermit. Then p n. or removal, 14. MOTHER'S MAIDEN NAME James Barnes Hanna Il-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) | (If yes give war or dates of service) No Unknown Robert Chase-413 Chesapeake Ave. Anna. Md. the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. been signed the burial-transit to burial, cre IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? YES [ NO the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) hed it. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work While at work p.m. retained 0 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: saw the deceased alive on and that death occurred all M, from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED 22b. ATTENDING DIRECTOR M.D. PHYS PHYS. may pag O FUNERAL director, pa should be fil PHYSICIAN'S ADDRESS Page 4 r NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOYAL (Specify) Sept. Bestgate Rd. Anna. Md. Pine Lawn 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE C.E.Hicks 111 Annapolis. Md. VR AIS (4) DATE 20M 1/65

THE RESERVE OF THE PARTY OF THE The state of the s ALTERNATION OF THE PROPERTY OF O . The last past of the real of the real store of the real The March State of the Control of th mant to the same and the same of bot . need . of parameter & the Hadan 112 Anguigality, Ma. 1 SEP - 1956 William Landy

funeral and 2 death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. and completely filled in remove carbon papers. Pan eyent, within 72 hours TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a director, page 3 should be detached for use as the burial-transit permit. Then please reshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and he

	DIVISION		ARYLAND STATE DE SEARCH AND RECORDS	, 301 W. PRESTON		RE 1, MARYLAND
	10835		CERTIFICAT	E OF DEATH		10827
1.	PLACE DF DEATH a. COUNTY	AA	MARYLAND	2. USUAL RESIDENCE a. STATE	(Where deceased lived, If In:	stitution: Residence before admission)
	write RURAL at	(If outside corporate limits, nd give gearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	csite corporate ilmits, wr	ite RURAL and give nearest town)
	NAME OF HOSP	ITAL OR INSTITUTION (IF not	in hospital, give street address)	d. STREET ADDRESS R+ 6 Nut	Pleasant	Beach YES ND
3.	NAME OF DECEASED (Type or print)	CLARA	M cdle	COLDER	DATE Mont	bay Year 22 1966
	+	6. COLOR DR RACE 7. MARRI WIDDW	ED DIVORCED	8. DATE OF BIRTH 11/24/87	9. AGE (In years last birthday) 78 yrs.	Months Days Hours Min.
	retured	N (Give kind of work done   101 glife, even if retired)	D. KIND OF BUSINESS OR INDUSTRY		ty & State, or foreign country RG IN IA	12. CITIZEN OF WHAT COUNTRY?
	W Illia	em S S	Kidmore	14. MOTHER'S MAIDEN	NAME	
15 (Ye	. WAS DECEASED EV s, no, or unkown) (I NO	ER IN U.S. ARMED FDRCES? If yes give war or dates of service)	16. SDCIAL SECURITY NO. 17. 215056567	Laughter	Ruth H. Clay	ssiser Pasadena, Md.
1		ATH [Enter only one cause p	er line for (a), (b), and (c).]	0		INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)				ONSET AND DEATH
	Conditions, If an gave rise to Ir		Encephalo	malac	a, nt. 11	ener of
-	cause (a), stat	ting the DUE TO	HCVD			
ICATION	PART II. OTHER SIG	INIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTDPSY PERFORMED? YES NO
CERTIF	OR CONTRIBUTING	AS UNDERLYING  CAUSE DF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of In	Jury in Part I or Part II o	of Item 18.)
MEDICAL	2Dc. TIME OF IN. Hour a.m.	Wh	d. INJURY OCCURRED   20e. PLA facto vork at work	CE OF INJURY (Home, farm ry, street, office bldg., etc.	20f. (City or town)	(County) (State)
	11	that (I) (this hospital) atte		death occurred at 4.2		, 1966, that (I) (we) last and on the date stated above.
	22a. SIGNATURE	B.	Ramin M.D	ATTENDING - ME	The state of	8/22/66
	22c. PHYSICIAN' NAME (Type	J.B.RA	MIREZUMD	22d. ADDRESS 3427 ANN 1	POLIS RD P	Baltonine 27 mg
23a	BURIAL, CREMAT	fion, 23b. Date thereof 8/26/66	23c. NAME OF CEMETERY		23d. LOCATION (City, to BALTIMORE.	

WILKENS AVE. 21229

25a. REC'D BY REGISTRAR 25b.

BALTIMORE, MD.

REGISTRAR'S SIGNATURE

VR AI5 (4) 20M 1/65

8/26/66

4107

HUBBARD

FUNERAL DIRECTOR

HOWARD H.

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VR A15 (4) 20M S-63

24 FUNERAL DIRECTOR'S SIGNATURE

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR

. IS RESIDENCE ON A FARM?

YES NO TY

1966

IF UNDER 24 HRS.

Hours

2

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY

YES T

(County)

PERFORMED? NO X

(Stata)

22b. DATE

30 Augsigh

U.S.A.

Year

Day

30

Days

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10837 requires that the death certificate be executed within 24 haurs after death. campletely filled in by the funeral nave carban papers. Pages 1 and iv event, within 72 hours after dear PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) n. COUNTY a. STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Annapolis Annapolis

d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) Life d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 79 W. Washington St.. Anne Arundel General Hospital NO XIX 3 NAME OF 4. DATE First Last Day Year DECEASED (Type or print) 19 66 COOPER August Catherine Madeline DEATH IF UNDER 1 YEAR 1 IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Manths Days Haurs Female Negre WIDOWED DIVORCED Oct. 22, 1898 10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY ? Anne Arundel Maryland Domestic 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Henrietta Frve John Cooper 1S. WAS DECEASED EVER IN D.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Annapolis.Md (Yes, na, ar unknawn) (If yes give war ar dates af service 215-24-9801 Miss Vonitta E. Sumner 79 W. Washingt No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO signed Canditians, if any, which gave rise ta immediate cause (a), DHE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) esity; diabetes mellitus NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) Nat While at wark factory, street, affice blda., etc.) at wark , 19 , to Aug. 4, , 1966, that (1) (3024) last 21. I certify that (1) (this has sixed) attended the deceased fram\_ be retained saw the deceased alive an Aug. 4. 1966, and that death accurred at M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF ATTENDING directar, page 3 should be filed v M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 1407 Forest Drive, Annapolis, Md. Peter F. Verkouw. M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION REMOVAL (Specify)
Burial A.A.Co Md 8/8/1966 Asbury church Annapolis 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATE AUG C.E. Hicks. 111 Annapolis. Md

6.0 Control of the late of the lat · Excellence in the second of the second The state of the s The tell was a stranger of the second of the

	MARYLAND STATE DEPARTMENT OF HE DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON ST		MARYLAND
	1083\$ CERTIFICATE OF DEATH		10829
1		here deceased lived, If Institution:	
	Anne Arundel Maryland a. STATE Maryla	and Baltimo	ore City
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside	de corporate limits, write RURA	AL end give nearest town)
	Crownsville 2 days Baltim	nore	30-4
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
-		Paul Street	YES NO
	(Type or print) #33061 A. Bernadine Arm Crosby	DATE Month DF DEATH	Day Year 23 19 66
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years   IF UNDE	R 1 YEAR   IF UNOER 24 HRS
	Female White WIDOWED DIVORCED 8/xx0/04	62 yrs.	
d	LOa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & INDUSTRY	& State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY? USA
-			USA
1	Manager P Combon		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT	Sophia M. Sophia	chweikert
0	(Yes, no, or unkown) (If yes give war or dates of service)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
=	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	02.00	I INTERVAL RETWEEN
	PART I. DEATH WAS CAUSEO BY:  IMMEDIATE CAUSE (a)  Acute Myocardial Infa:	rction?	ONSET ANO OEATH
	IMMEDIATE GAUSE (a)		
	Conditions, If any, which \ Coronary Arteriosclere	osis	
	gave rise to Immediate		
	underlying cause last. (c)		
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	SECONDITION GIVEN IN PART 1(2	1) 19. WAS AUTOPSY PERFORMEO?
LCA			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury or contributing   CAUSE OF DEATH	y in Part I or Part II of Item 1	8.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)	20f. (City or town) (C	ounty) (State)
MFF			
	21. I certify that (I) (this hospital) attended the deceased from 8/21/, 1966	5 to 8/23/, 19	66, that (I) (we) last
	saw the deceased alive on 3, and that death occurred at 22a, SIGNATURE	M, from the causes and on	the date stated above DATE SIGNED
	ATTENDING MED	TOR STAFF PHYS.	8/24/66
	22c. PHYSICIAN'S   22d. ADDRESS		
	NAME (Type) L./Benedict, M. D. Grownsville	State Hospita	l,Maryland
2	REMOVAL (Specify)	3d. LOCATION (City, town or c	5.0
	Burial 8/27/66. New Cathedral Cemetery	Baltimore,	PIO OLOMATIUS
1	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY Leonard J. Ruck Inc. Balto. Md. 21214		K S SIGNATURE
=	Decirate of Mack The Dalto, Ind. 21214 OATE HOU	5 2 5 1\$56 pcl	arla Judge
		V	11 0

11574 TOTAL SUCK ASSESSED. and the years and the manual A same and the She figer to the same are publicable and against the second maker . I milliant b. Carber Trottende . I and P. Schweite The Control of the Control Stand Cappelled the Cappelled Cappelled Beliateory - The digit, be offer on for a browned

1 2	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	01
FOR STATE	10839 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	10830
HEALTH DELL.  Page tent of death.	1. PLACE OF DEATH a. COUNTY ANNE ARUNDEL 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence o. STATE b. COUNTY MARYLANO MARYLANO MARYLANO Anne Arund	le1
2, and 3 PM3. Pa partment after deat	b. CITY OR TOWN (If outside corporate limits, write RURAL and give write RURAL and give neorest tawn)  c. CITY OR TOWN (If autside corporate limits, write RURAL and give	nearest tawn)
es 1, 2, and 3 farm PM3. Pa farm PM3. Pa daurs after deat	Arnold  d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
after death. If the Side Pages 1, along with farm with the State De within 72 Yours	Rte. #3 - Box 8           Rte. #3 - Box 8           3. NAME OF         First         Middle         Lost         4. DATE         Month	YES NO Doy Yeor
after death.  8. Give Page alang with the Sta	DECEASED (Type or print)   JAMES   Norman   DANTELS   DEATH   8 -	15 19 66 YEAR 1 IF UNDER 24 HRS
= 2 e = 2	Male Colored WIDOWED OIVORCED 3-3-1953 lost birthdoy) Months	Days Hours Min.
n 24 haurs I in Item II er's Office ges I and 2 v any event	during most of working life, even if retired) INOUSTRY COU	ZEN OF WHAT NTRY?
hin ncil nine pag	13. FATHER'S NAME  Julian Daniels  Lillie Mae Berry	
executed with miding" in permit Exar permit. File imoval, and	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, ar unknown) (If yes give war ar dates af service) No ******* None Lillie Mae Daniels Rt 3 Box	ld, Md
ate shauld be e i the ward "per d ta the Chief a burial-transit cremation, ar re	1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  OUE TO  Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse  (b)  OUE TO	INTERVAL BETWEEN ONSET AND DEATH
his certifica ate, writing e farwarder be used as ta burial, c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES X NO
AL EXAMINER: This execute the certificate, or. Page 4 shauld be fad far yaur files.  TOR: Page 3 shauld be u gnated agent, prior ta land	20a. EXTERNAL CAUSE WAS PRIMARY DAY CONTRIBUTING CAUSE OF DEATH.  20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in Part I or Port II of item 1B.)  Apparently shot self in head  20c. TIME OF INJURY Month, Day, Year Hour a.m.  11:30 pmx 8-15 1966 at work at work While at work Washing Arnold Anne Ar	,,
MEDIA please directo etained DIREC	21. I certify that I taok charge of the remains described abave, held an Autopsy X, Inspection , Inquiry , death resulted from: Natural causes , Accident , Suicide X, Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER	and in my opinion
necessary, the funeral 5 may be roo FUNERAL Health ar it	EXAMINER'S NAME (Type)  RUDIGER BREITENECKER, M.D.  OEPUTY MEDICAL EXAMINER  Address (Street, city, tawn, ar county)	8-15-66
TO DI nece the 1 5 mc TO FU	230. BURIAL (CREMATION, REMOVAL (Specify)  8-20-66  Mt Calvary Methodist Arnold A.A.	County) (State)
VR A15ME (5)	24. FUNERAL DIRECTOR  C.E. Hicks, 111  Annapolis, Md  Date AUG 2 3 1966	NATURE O

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DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET PALTIMORE 1 W	IADVIAND
10840 CERTIFICATE OF DEATH	16801 T
a. STAFFARYLAND B. COUNTY .	esidence before admission
sless Burnie 4 years Hen Burnie	02-1
North arundel Hospital Rt 1 Box 293 D	e. IS RESIDENCE ON A FARM? YES NO
OF TOWN MAHLON DAVID OF DEATH 8	20 19 66
MIDOWED DIVORCED 10 14 97 STATE Months FORDER Months 10 14 19 7 STATE MONTHS FORDER Months 10 14 19 7 STATE MONTHS FORDER MONTHS	Days Hours Min.
RETIRED - PORTER 528 there N. Y. aty South Carolina &	TIZEN OF WHAT
-unknown -unknown	
no 058050109 Mrs. Daves (wife) Sa	one
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which (b) Bronchagenie Carcinona	•
cause (a), stating the DUE TO with the lien p.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While at work at work 19 At work	nty) (State)
M.D. ATTENDING MED. STAFF STAFF STAFF STAFF STAFF	20 /6 6
NAME (Type) JORGE B. RAMIREZ MD 1672 NORTHBOURNE RD	Baltamere 12 M
Burial (Specify) 6/24/66 Hall Meth, Ch. Cem. A.A. Co.	Md.
Sullivan Funeval Home-Ni Arlington Ave. DATE AUG 23 1966 golon	les Judge
	1. PLAGE OF BEATH 2. CUSUAL RESIDENCE (Where deceased lived, if institution: Re. CERTIFICATE OF DEATH 3. COUNTY 4. CERTIFICATE OF DEATH 4. COUNTY 6. COUNTY

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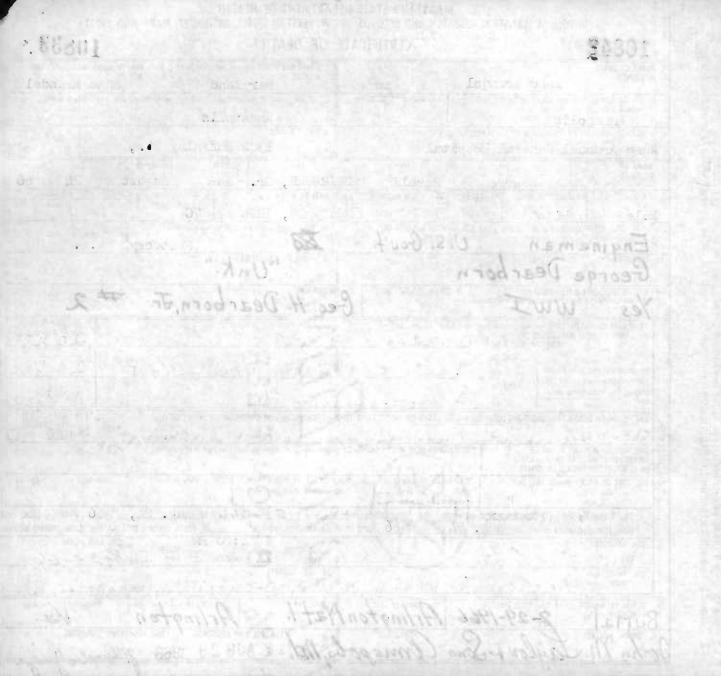
ON STREET, BALTIMORE 1, MARYLAND binods PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate c. CITY OR TOWN (If outside corporate limits, write RURAL end a write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED OF (Type or print) 5. SEX IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR 7. MARRIED THEYER MARRIED last birthday) Months WIDOWED 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) 16. SOCIAL SECURITY NO. CAUSE OF DEATH one ceuse per line for (e), (b), and (c). ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO K 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING \_ CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. at work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from te 196, that (I) (we) last saw the deceased alive 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S M.D 22d. ADDRESS NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. (Stete)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 7 CERTIFICATE OF DEATH 10842 rthed in by the funeral in papers. Pages I and " requires that the death certificate be executed within 24 haurs after death l and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Anne Arundel Marvland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS and campletely filled in remove carban paper in any event, within 72 1302 McKinley St. . Anne Arundel General Hospital YES NO X 3. NAME OF Middle Lost 4. DATE Doy Year DECEASED DEARBORN, Sr. 24 Harold August 19 66 (Type or print) George DEATH 9. AGE (In years lost birthdoy) IF UNDER 24 HRS. IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Hours Dovs DIVORCED July 29, 1896 WIDOWED Male White 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRIHPLACE (County & Stote, or foreign country) please during most of working life, even if retired) COUNTRY? Kentucky 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME! earborn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Geo. H. Dezrborn, Fr. (Yes no, or unknown) (If yes give war or dates of service) crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p burial, cremati ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove 330 rise to immediate couse (a). DUE TO stoting the underlying couse the 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) detached far use te Dept. of Health YES XX CANGLATION: RENA TO FUNERAL DIRECTOR: After this certificate TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar 205. DESCRIBE HOW INJURY OCCURRED. (Enfer nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this conspitate) attended the deceased fram true u.s. 5 , 1966, to Aug. 24. , 1966, that (1) (see last 19 66, and that deoth occurred at. sow the deceased alive on Aug. 24 \_M, from causes and on the date stoted obove. 4:20 PM 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOI LOCATION (City or Town (Stote) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL BIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 AUG 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10843 CERTIFICATE OF DEATH by the funeral b. Pages 1 and 2 hours after death. PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Anne Arundel Baltimore City MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give pearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) and completely filled in by the remove carbon popers. Pag in ony event, within 72 hours 11 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital 700 Park Ave. YES NO X 3. NAME OF Middle First Last 4. DATE Manth Doy Year DECEASED (Type or print) 3-#33027 Marv Deck 30 DEATH S SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Female White October 16. 1891 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? signed by the attending physician of buriol-tronsit permit. Then please buriol, cremotion, or cemoval, and is during most of working life even if retired) INDUSTRY Maryland U.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John H. Deck Katherine FRAINIE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 216-09-0655 Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hypostatic Pneumonia IMMEDIATE CAUSE (a) be retained by the hospitol or attending physician. DUE TO Generalized & Cerebral Arteriosclerosis Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use te Dept. of Health Uremia YES NO X 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH \_\_\_ (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) While of work of work factory, street, affice bldg., etc.) 8/19 19 66 to 21. I certify that (I) (this haspital) attended the deceased fram. 8/30 1956, that (I) (we) last 8/30 19 66, and that death accurred at 2:15M, from causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED 8/30/66 M.D. PHYS DIRECTOR PHYS. r, page be filed 22d. ADDRESS AHYSICIAN'S NAME (Type) Crownsville State Hospital Maryland director, should b 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) CATHEDRAL ADDRESS BALTIMORE, 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) SEP & SON 805 N. CALVERT ST. 1966 MEARS DATE

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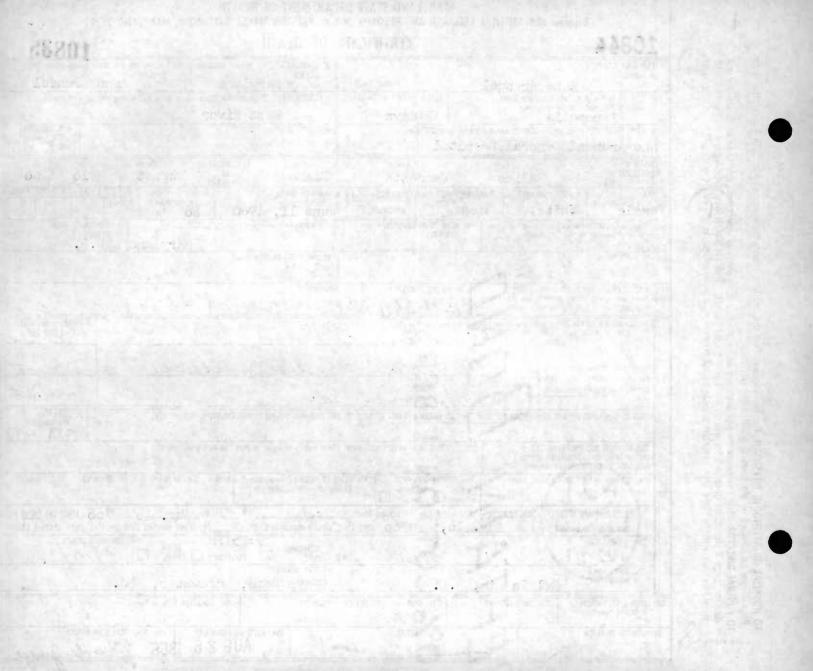
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10836 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours after deoth by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Anne Arundel MARYLAND hours after Anne Arundel b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Route Glen Burnie 24 Days North Shore Pasadena P.O. filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? North Arundel Hospital 189 YES NO 3 carbon 3. NAME OF Middle 4. DATE Last Month Day Year DECEASED OF DEATH Elmer 26 Chi (Type or print) Dothe 19/06 S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Jast birthday) Manths Days Haurs Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please I, ond during most of warking life, even if retired) INDUSTRY COUNTRY? Div. Service Manager 13. FATHER'S NAME The Mack Co Ohio attending physic permit. Then ple ion, or removal, a 14. MOTHER'S MAIDEN NAME Frank Dothe Pauline Fister 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give wor or dates af service) 17. INFORMANT 16. SOCIAL SECURITY NO Address Pasadena P Edith M. Dothe no North Shore cremation, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) NTERVAL BETWEEN signed by the buriol-transit QNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) by the hospital or ottending physician DUE TO buriol, Canditians, if any, which gave rise to immediate couse (a), DUF TO for use as the t Health prior to b stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been ATTENDING PHYSICIAN: The law 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Not While ot wark L ot work 21. I certify that (1) (this haspital) attended the deceased fram 1966, ta 8/26 \_\_\_\_, 1966, that (I) (we) last Page 4 moy be retained 1966, and that death accurred at 2 A M, fram causes and an the date stated above. saw the deceased alive an. 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, should b 23d. LOCATION (City of Town) 23g. BURIAL CREMATION. 23b. DATE THEREOF 23 NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify)
Burial 8-29-1966 Woodlawn Woodlawn 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 G. Howard Strong 3207 W. North Ave., DATEAUG

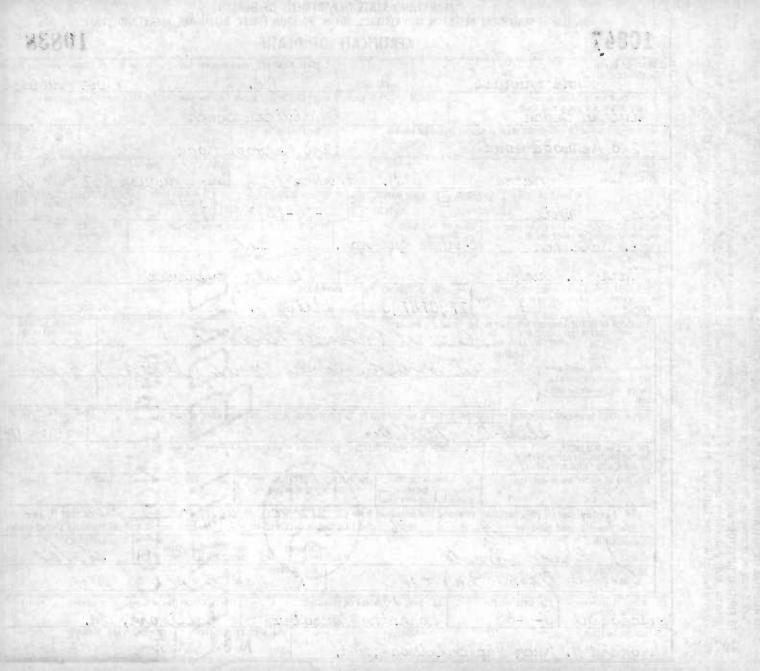
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel Anne Arundel Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. hours Annapolis hr. 50 min Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled within 72 l d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U.S. Naval Hospital Winchester Road YES NO X etely 3. NAME OF First Middle Last 4. DATE Month Year Day DECEASED event, (n) (Type or print) Leonard 1966 Doughty DEATH August executed 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months ! Days Hours any Caucas iarWIDOWED DIVORCED 4=26-1894 5 10a. USUAL OCCUPATION (Give kind of work done ) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Retired USN Texas USA certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 0 (Yes, no, or unkown) (If yes give war or dates of service) d by the att transit perm cremation, 1917-1946 (29vrs) 220-36-8226 Mrs. Doughty, Winchester Road, Annapolis, Md 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-t DUE TO Conditions, If any, which peen gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [ NO PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING I 20b/ DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 0 0 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached te Dept. o S TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ) 2Df. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While After Not While at work at work 0 7 August 1966 to 8 August 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 3 should with the 8 August 19 66 and that death occurred at 1:49M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATUL 22b. DATE SIGNED DIR page PHYS. M.D. DIRECTOR PHYS. тау FUNERAL 22d. ADDRESS director, p SHUTE LCDR MC USN U.S. Naval Hospital BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Cremation Greenmount Crematory Balt imore, Maryland
Y REGISTRAR | 25b. REGISTRAR'S SIGNATURE Aug 1966 24. FUNERAL DIRECTOR AODRESS 25a. REC'O BY REGISTRAR I Falls Rd., Balto. Burgee Funeral Home VR A15 (4) 2DM 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10847 10838CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death. and 2 filled in by the funeral on papers. Pages, 1 and 2 vithin 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Riviera Beach Riviera Beach d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 Kenwood Road Kenwood Road YES NO carbon 3. NAME OF Middle DATE Month Last Doy Year DECEASED Harry Jurkee 66 DEATH 19 (Type or print) S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yed)s lost birthdoy) Months Days Hours DIVORCED 9-16-1897 WIDOWED malo 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind af wark done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or fareign country) during most of working life, even if retired) INDUSTRY COUNTRY? nterpr Jurkee Maruland alesman 14. MOTHER'S MAIDEN NAMI 13. FATHER'S NAME berta Deverauex WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 8138 same ues 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO signed Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying cause the TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour o.m. factory, street, affice blda., etc.) Nat While at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram\_ JUNE 1966 to 606 \_, 1966 that (I) (we) last 4 moy be retained 1966, and that death accurred at 6:20M, fram/tauses and an the date stated above. saw the deceased alive an\_ AUG. 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c BHYSICIAN'S SmITH NAME (Type) RADY RIVIERA director, 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Tawn) (County) (State) entomoment orraine Mausoleum timore 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1966 Ruck Inc Baltimore.



	tems 18&21 Film 379 8-17MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	10848 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10839
HEALTH DERT.	1. PLACE OF DEATH o. COUNTY Anne Arundel  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY Anne Arundel
del and m3. rtme	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  North Aranda Co. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Clen Burnie  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Color of the color
h. If any yes 1, 2, form P form P arte Depa	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  North Arundel Hospital  d. STREET ADDRESS  1206 Kimberly Lane  e. IS RESIDENCE ON A FARM? YES NO
d within 24 haurs after death. It is in pencil in Item 18. Give Pages 1, Examiner's Office alang with form. File pages 1 and 2 with the State De ond in any event within 72 haurs	3. NAME DF DECEASED (IType or print)  S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  NEVER MARRIED  18. DATE OF DEATH  19. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS
haurs aft tem 18. G Office alar and 2 with event wit	Female White WIDOWED DIVORCED 11 Apr. 1919 Tost butldoy) Months Doys Hours Min.
	10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Research Catylist Corp. Baltimore, Md. 13. FATHER'S NAME
d withir in penci Examin File po	August Klein  15. WAS DECEASED BYR IN 115. ARMED EDRICES?  16. SOCIAL SECHBITY NO. 1.17. INFORMANT  Address
ate shauld be executed the ward "pending" is d ta the Chief Medical a burial-transit permit. crematian, ar removal,	(Yes, no, or unknown) (If yes give wor or dates of service)  NO  Paul E. Fifield, same as 2  IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  INTERVAL BETWEEN
shauld be e ne ward "per ta the Chief t burial-transit matian, ar re	PART I. DEATH WAS CAUSED BY:  HMMEDIATE (AUSE (o) DUE TO  POCAL fibrosis of myocardium, etiology undetermined  ONSE! AND DEATH  UNDETERMINEDIATE (AUSE (o) DUE TO
This certificate shauld be executed within 24 haurs after death, cate, writing the ward "pending" in pencil in Item 18. Give Page be farwarded to the Chief Medical Examiner's Office along with fibe used as a burial-transit permit. File pages and 2 with the State to burial, crematian, ar removal, and in any event within 72 has	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse
certitica , writing arwardec used as burial, c	lost   Cc   Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part 1(o)   19. Was autopsy Performed?   Yes   X   No
# 20	200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH
the rr fil e 3 sent	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED Value of work of toctory, street, office bidg., etc.) 20e. PLACE OF INJURY (Home, form, form, form, of the pure of work of
please execute the certical director. Page 4 should etained far yaur files.  DIRECTOR: Page 3 should standard agent, pri	21. I certify that I took charge of the remains described abave, held an Autapsy K Inspection , Inquiry , and in my opinio death resulted fram: Natural causes X, Accident , Suicide , Homicide , Undetermined monner
DEPUTY MEDICAL EXAM sessary, please execute the function of th	ACTUAL SIGNATURE  ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  ALIGNET 8. 1966
no beputy Mearcal Exanecessary, please execute the funeral directar. Page 5 may be retained far yar TO FUNERAL DIRECTOR: Page Health ar its designated a	NAME (Type)  Address (Street, city, town, or county)  230. BURIAL CREMATION.   23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City or Town) (County) (Stote)
X	REMOVAL (Specify) Burial 11 Aug. 1966 Baltimore National Baltimore Md.  24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
VR A15ME (5)	Kirkley Funeral Home, Glen Burnie, Md. DATE AUG 11 1966 Ochanles Judge

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10849 CERTIFICATE OF DEATH 10840 2 requires that the deoth certificate be executed within 24 hours after deoth funerol i 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ve carbon popers. Pages I pvent, within 72 hours after ANNE ARUNDEL MARYLAND ANNE ARUNDEL b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LINTHICUM HEIGHTS LINTHICUM HEIGHTS filled in e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS ON A FARM? 404 W. MAPLE ROAD 404 W. MAPLE ROAD NOVY 3. NAME OF Middle 4. DATE OF First Month Jemove carbon Doy Year and completely DECEASED TREVIA E. FUGMAN AUGUST 29, 19 66 DEATH (Type or print) IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Hours FEMALE WHITE SEPT. 26, 1899 WIDOWFD DIVORCED rany 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
HOUSEWIFE COUNTRY? pleose INDUSTRY and PENNSYLVANIA U.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremotion, or removal, WILLIAM A. SLADE JOSEPHINE ELDER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) NO MRS. HELEN I. FUGMAN. 404 W. MAPLE ROAD INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c). signed by the burial-tronsit p PART I. OFATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retoined by the hospital or ottending Health prior to has been use os the lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO certificote 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Day, Year Hour o.pf foctory street office bldg. etc.) of work ot work that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram O FUNERAL DIRECTOR: saw the deceased alive on. and that death occurred at 7 M. from causes and on the date stated above 22b DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR PHYS. director, poge should be filed S LAIN- 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CHRISTIAN LEOTMASS MD. BALTO, NATIONAL PIKE & ST. JOHN'S LANE 23b. OATE THEREOF TELL 123c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) REMAYALE SPEATED BALTIMORE, MARYLAND 9-1-66 MEADOWRIDGE CEMETERY 2So. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) HOWARD H. HUBBARD FUNERAL HOME 4107 WILKENS AVENUE

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	DIVISION OF STATISTICAL RESEARCH AND RECO		RE 1, MARYLAND
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	. COUNTY Advise Assurado/ MARY	e. STATE	ATY & LOA-
	b. CITY OR TOWN (if outside corporate limits   Le LENGTH OF STA		RIPAL and give nearest town)
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	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	ess) d. STREET ADDRESS	J J
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	NAME OF SIRSING HOW	1.0. BOX /J	YES NO
I	DECEASED	Last 4. DATE Month	Dey Year
_	(Type or print) William Henk	EY GARJON DEATH	9 1966
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years last birthday)	Months Days Hours Min.
	1 NEGRO WIDOWED DIVORCE	0 2-25 1843 70 yrs.	months Days Hours Min.
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1	token work centrow,	N centenowN	21.5.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Unknown	anknows	
3	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO Yes, no, or unkown)   (Ifyesgivewarordatesofservice)	O. 17. INFORMANT Address	
	(In Knows) 2/4-22-24	W Mes- FRATION (4)	Para Mance
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONICION !	Dechiere	ONSET AND DEATH
	177 X DUE TO	2 Courseen	- Cary
	Conditions, if any, which ) (b) Malieman	at the tot	lan bear
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	(a), stating the underlying DUE TO	15. Derase.	10-6
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Tien	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	SOLITOR REPUTED TO THE TERMINAL DISEASE COMPILION GIV	PERFORMED?
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CEDTIEL	208. ACCIDENT WAS UNDERLYING \( \subseteq \) 206. DESCRIBE HOW INJURY ( OR CONTRIBUTING \( \subseteq \) CAUSE OF DEATH	OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
いていている	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   While Not While	20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (Stete)
MILES	p.m. 19 at work at work		and the Early
	21. I certify that (I) (this hospital) attended the deceased	from 2 - 15 , 1963 to 8-9-	, 1266 that (I) (we) I
		nd that death occurred at M, from the causes	
	22e. SIGNATURE		22b. DATE
	Echard H. Hout	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGN
	22c. PHYSICIAN'S	22d. ADDRESS	1
	NAME (Typo) Kichard H. HUNT	180 Cherry Jan Hen	Burnis Med
	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CE	METERY OR CREMATORY   23d. LOCATION (City, tov	wn or county) (Stete)
ĺ	Barial 8-13-66 Cedar C	habol. Mourach	mariland
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. A	25a. REC'D BY REGISTRAR 25b. REC	SISTRAR'S SIGNATURE
-	Larotta & Jolley - Jersey Rd-	Salaphus Alle 11 1000	Melone O
_	Trace !	DATE AUG 11 1966	wage.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10848 10852 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. STATE D. C. o. COUNTY Arundel b. COUNTY delay is and 3 ta of MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rwite RURAL ordigive negres town e Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREEL ADDRESS Street, S.E. haurs alang with farm Mountain Road and Ritchie Highway (QUE pencil in Item 18. Give Pages 24 haurs after death. 3. NAME OF Raymond A Gemmill 4. DATE DECEASED (Type or print) DEATH S SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In veors 7. MARRIED T NEVER MARRIED last birthdoy) M Aug 18, 1886 WIDOWED DIVORCED Office o 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (Stote or foreign country COUNTRY? og most of working life even if retired) pages in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME executed within WASADO 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no of unknown) (If yes give war or dates of service ar remaval. ELIZABETH 5. GEMMIE -1827-900 STSE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple contusions, lacerations, and fractures IMMEDIATE CAUSE (o) \_ incurred when hit by a car at Mountain Road and shauld immediate writing the ward crematian, Ritchie Highway. Conditions, if ony, which gove rise to immediate couse (a), DUF TO This certificate stoting the underlying couse 19. WAS AUTOPS'
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) none 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. He was walking across the road when he was hit by a car 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) Street, office bldg., etc.) 8:45 HPMa.m. Glen Burnie. A.A. Md. may be retained far yaur FUNERAL DIRECTOR: Page designated Inspection X. 21. I certify that stook charge of the remains described above, held an Autopsy Inquiry , and in my opinion for death resulted from Natival causes 7 Accident X Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE *POPULTY* DEPUTY MEDICAL EXAMINER Health ar Charles H. Wirth, M D Address (Street, city, town, or county) 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF (Stote) 50 FORT LINEOUN 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ens Co-WASH. D.C VR A15ME (5) Ochanles 1966 AUG 30

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10854 CERTIFICATE OF DEATH be executed within 24 haurs after death death and campletely filled in by the funeral remave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Anne Arundel Anne Arundel Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) D. O. A. Severna Park Annapolis d. NAME OF HOSPITAL OR INSTITUTION (W ) at in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Anne Arundel General Hospital NO F Box 3. NAME OF Middle DATE Manth last Year Day DECEASED GIDDINGS Arthur August 19 DEATH (Type or print) IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED IX NEVER MARRIED last birthday) Manths Davs Haurs WIDOWED February 16,1898 DIVORCED Male White 10a. USUAL OCCUPATION (Give kind of work, done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? please during post of working life even if retired) England law requires that the death certificate 14. MOTHER'S MAIDEN NAME . 13. FATHER'S NAME en 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar up (nown) (If yes give war ar dates af service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) þ Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause has been the WAS AUTOPSY PERFORMED? PART II. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) for 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m. Nat While at wark at wark 2]. I certify that (I) XIKK KOXXXXXX attended the deceased fram\_ M, fram causes and an the date stated above. and that death accurred a saw the deceased alive an\_ 22b DATE SIGNED 22a. SIGNATURE ATTENDING M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, po shauld be f NAME (Type) 121 Cathedral St., Annapolis, Md. Shipley M. D. Frank 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION: (City or Tawn) (County) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAD DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) DATE AUG 1966

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) a. COUNTY a. STATE b. COUNTY 表した MARYLAND pue by b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL, and give nearest town) white RURAL and give nearest town) hours after DC within filled 8. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDEESS . IS RESIDENCE ON A FARM? papers. n 72 hou completely YES NO 3. NAME OF First Middle 4. DATE Month Day Year DECEASED OF within (Type or print) DEATH 19 carbon 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. and 7. MARRIED NEVER MARRIED last birthday) Months Days event, WIDOWED 4 DIVORCED hysician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done-during most of working life, even if ratired) DINO UANTA attending death ₽ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ONENOUN KNOWN requires that the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] has been signed by INTERVAL BETWEEN 5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) burial-transit **DUE TO** the hospital or attending Conditions, if any, which ' geve rise to immediate cause DUE TO (a), stating the underlying the cause last. (c) 8: After this certificate detached for use as th as 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior NO V 20a. ACCIDENT WAS UNDERLYING [ 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Health OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by ATTENDING 2Dc. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, ; 2Df. (City or town) (County) (State) ŏ factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR: Dept. at work 19 p.m. pe plnods State | 19.64 and that death occurred at may 220. MGNATURE DATE ATTENDING MED. STAFF FUNERAL with the DIRECTOR PHYS. PHYS. Page M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, filed 23d. LOCATION (City, town or county) (State) D. g. g 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ONN ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 20M 5-63

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urs afte by the Pages ours aft		o. CITY OR TOWN (If write RURAL and	autside corparate limit give nearest town) Oolis	s,	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If ou			RAL ond give ne	
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completely ove carbo	S. :	Type or print)	6. COLOR OR RACE	7. MARRIED	Frances  Never Married	7   B	GRAVES  B. DATE OF BIRTH	OF DEAT	9. AGE (In years	IF UNDER 1 YEA	AR IF UNDER 24 HRS.
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ertifica physionen plo	13.	FATHER'S NAME William	E. Graves	S			14. MOTHER'S MAIDEN M Mary Cath	name nerin	e Carroll		
requires that the death certificate be ex g physician. n signed by the ottending physician and e buriol-tronsit permit. Then please rem o buriol, cremation, or removol, and in an	15. (Ye	WAS DECEASED EVER	IN U.S. ARMED FORCES? If yes give war or dotes o	of service) 16.			Catherine	Grav	Addre es-Wife-		tem #2
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OR ATTENDING PHYSICIAN: The low requires that the be retained by the hospital or attending physician.  SIRECTOR: After this certificate has been signed by the cype 3 should be detached far use os the buriol-tronsit ped with the State Dept. of Health prior to buriol, cremation		420/ Conditions, if ony,	DUE	TO Lo	wer nephron	-n	ephrosis	1666	14114 bel 66	lelsha	
requires physical particular signed to buriol to buriol		rise to immediate stating the underl	couse (o), (		HAMOYEL	Zh			ronary //arter:		osis
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PHYSICIAN: e hospital or his certificate stacked far Dept. of Heal	MEDICAL CERTIFICATION	OR CONTRIBUTING C	MEDICAL EXAMINER)							16 aumbri	(Stote)
the PH the PH sr this deta	MEDIC	Hour o.m.	10	While of work	Not While	focto	E OF INJURY (Home, form ory, street, office bldg., etc.)	20f.	(City of lowil)	(County	(31018)
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OR ATTENDING be retained by the NRECTOR: After the 3 should be ded with the Stote		220. SIGNATURE	211-0	000	00	M.D	l:	40 PM MED. DIRECTOR	STAFF PHYS.	22b. DATE S	
		22c. PHYSICIAN'S NAME (Type)	Stephen B	. Hilta	abidle, M.D.	111.0	22d. ADDRESS		St., An		
TO HOSPITAL Poge 4 moy TO FUNERAL director, poc should be file	230	BURIAL, CREMATION		EREOF	23c. NAME OF CEMETERY		CREMATORY	23d. I	OCATION (City or To	wn) (Cou	unty) (6fote)
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VR A15 (4) . 20 M 1/66		Robert A	. Pumphr	ey I	Bethesda, Ma	ary	rland DATE	AUG 2	5 1966	Ichan	10.0.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10857 10848 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral remove carban papers. Pages 1 and b. COUNTY Anne Arundel o. COUNTY o. STATE Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C TENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Galesville 10 days Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Anne Arundel General Hospital NO TO YES T 3. NAME OF Middle First 4. DATE Lost Month Doy Year DECEASED GROSS August 8 Frances Ann 1966 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED birthdoy) Months Female Negro Jan. 9, 1900 WIDOWED DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during that of working life, even if retired) COUNTRY? ase Marvland U.S 17 ATHER'S NAME MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 10 18. CAUSE OF DEATH (Enter only one couse per line to, (o), (b), ond (c). INTERVAL BETWE signed by the burial-transit p PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse has been the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION detached far use e Dept. af Health YES 🗍 NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (County) Hour o.m. Not While foctory street, office bldg., etc.) Aug. 8 , 19 66 that (I) (xxxe) last 21. Leertify that (I) Phisphospital attended the deceased from 19 66, and that death occurred at saw the deceased alive on Aug. 8 M, from causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATUR STAFF directar, page 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (Type) Shady Side. Willard LOCATION (City or Town) (County) REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4)

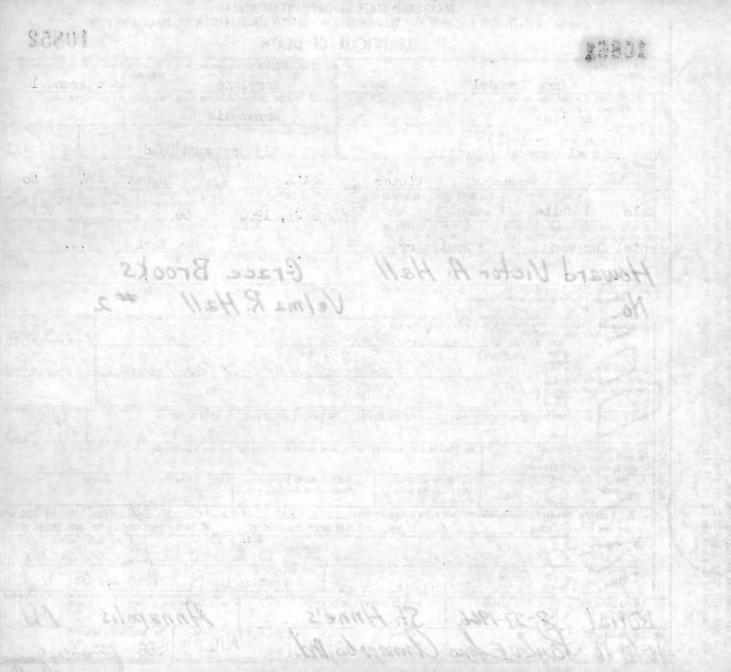
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10858 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY af death. MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give neorest town) and wite RURAL and give nearest town) nsadeNA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS haurs D.O. M- IVOR 1h. ARUNHEL-Item 18. Give Pages after death. 3. NAME OF 4. DATE Month Doy Year DECEASED RUNINSER 19 (Type or print) DEATH with S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 9. AGE (In years lost birthdoy) Months Dovs Hours haurs ( WIDOWFD DIVORCED event 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) INDUSTRY COUNTRY? VUD 13. FATHER'S NAME pencil within 9 pup 1S. WAS DECEASED EVER 17. INFORMAN be executed remayal (Yes, no, or unknown) (If yes give wor or dotes of service) : 1B. CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c), IN ERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (o) shauld burial, crematian, DUE TO Conditions, if any, which gove rise to immediate couse (a). DUF TO stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page ot work ot work designated 21. I certify that I took charge of the remaine described above, held an Autopsy Inspection 7 and in my opinion directar. deoth resulted from: Accident Suicide , Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 2. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health ( Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION DATE THEREOF 23d. LOCATION (City or Town) (Stote) 50 2Sb. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15ME (\$)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10851 10860 CERTIFICATE OF DEATH death 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) PLACE OF DEATH
a. COUNTY Anne Arundel b COLINTY a. STATE Marvland MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after attending physician and campletely filled in by the opermit. Then please remave carban papers. Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Linthieum Millersville 4 months d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 5 Patansco Rd. Knollwood Nursing Home 4. DATE NAME OF Middle Manth Day Year 1066 DECEASED Isabelle (Belle) Haberkorn DEATH (Type or print) 9. AGE (In years lost birthdoy) IF LINDER 1 YEAR IF UNDER 24 HRS. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Apr., 1884 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind af work done during mast of working life, even if retired) INDUSTRY COUNTRY? Maryland Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME --- Adams 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) August Haberkorn - 3012 Ohio Ave. Baltimore INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Canditians, if ony, which gave rise ta immediate cause (a). DHE TO stating the underlying couse **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? MEDICAL CERTIFICATION NO far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year foctory, street, affice bldg., etc.) Not While at work 8/75\_, 1966, that (I) (we) last 19 66, ta 21. I certify that (I) (this haspital), attended the deceased fram. and that death accurred at 830 AM, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURI MED. --DIRECTOR STAFF PHYS. 8/15/66 M.D. 22d. ADDRESS 22c. PHYSICIAN'S Smith, M.D. Hahn Proffesional Blag. Severna Park, Md. NAME (Type) directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Cedar Hill Cemetery Ritchie Hgwy. A.A.Co., 18,1966 24 FUNERAL DIRECTOR Marley VR A15 (4) George J. Gonce, 4001 Ritchie Hgwy., Baltimore 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10852 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death by the funeral ... Pages 1 and 2 naurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Anne Arundel Anne Arundel MARYLAND Marvland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)
Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) (Dead on arrival) and campletely filled in d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 215 Westwood Road NO X Arundel General Hospital YES Middle 4. DATE 3. NAME OF First Lost Month Doy Year carban DECEASED 19 66 HALL August 24 Victor Howard DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdov) Months Doys Hours Male White WIDOWED DIVORCED June 25. 1900 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? please and New York Dentistry Dental Surgeon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Broo race 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN (Yes, no grunknown) ((If yes give wor or dotes of service) INTERVAL BETWEEN ONSET AND DEATH IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse has been the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CFRTIFICATION NO T O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (1) (INIX KOSKINS) attended the deceased fram. 12/4 . 1963 . ta 285, 1966, that (I) (1900) last and that death accurred at M, fram causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED MED STAFF X DIRECTOR PHYS. 66 M.D. PHYS. 22d. ADDRESS NAME (Type) director, shauld 23d. LOCAHON (City or Town) 23b. DATE THEREOF (County) 200 250. REC'D BY REGISTRAR AUG 2 2Sb. REGISTRAR'S SIGNATURE AL DIRECTOR VR A15 (4) 20 M 1/66 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10863 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10854 FOR STATE HEALTH-DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Maryland delay is Page ANNE ARUNDEL Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) and 2, and PM3 after Departr Pasadena Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. TREEPADDRESS e. IS RESIDENCE ON A FARM? Carolina Av. Office alang with farm hours Give Pages North Arundel General Hospital Pasadena. YES NO DATE. after death. 3. NAME OF Middle Day Year DECEASED 8 (Type or print) HARGETT 14 19 66 JOSEPH DEATH event with 9. AGE (In years S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) in Item 18. Months Days Hours haurs WIDOWED DIVORCED -9-46 ond 2 Male White 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) COUNTRY? INDUSTRY any Balto. Md.

14. MOTHER'S MAIDEN NAME Examiner's TISA pencil 13. FATHER'S NAME be executed within = INFORMANT and File James Hargett Ellen Stevenson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give war ar dates of service) Mrs. Ellen Hargett 109 S. Caroline Ave. TIX remaval, No 212-46-8275 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Б Crushing chest injuries IMMEDIATE CAUSE (a) writing the ward certificate shauld crematian, DUF TO Canditions, if any, which gave rise to immediate couse (a). DUF TO stating the underlying cause CS burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION please execute the certificate, to YES X NO 20a. EXTERNAL CAUSE WAS PRIMARY ☑ ar CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) priar ploods CAUSE OF DEATH. Passenger in auto into fixed object agent, MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) Mare) Haur a.m. While Nat While factory, street, office bldg., etc.) Highway may be retained far yaur FUNERAL DIRECTOR: Page 2:45 XXXX 8 at wark 19 66 at wark Pinehurst Road designated 21. I certify that I taak charge of the remains described above, held an Autapsy [XX] Inspection [ Inquiry and in my apinian the funeral directar. death resulted from Accident X Suicide Hamicide Natural causes Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE DEPUTY MEDICAL EXAMINER ar 8-15-66 **EXAMINER'S** 5 may 10 FUNE RUDIGER BREITENECKER, M.D. Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Balto., Md. 8-17-66 New Cathedral 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE D. 4101 Edmondson"Av. VR A15ME (ST VCharty 6M 1/66

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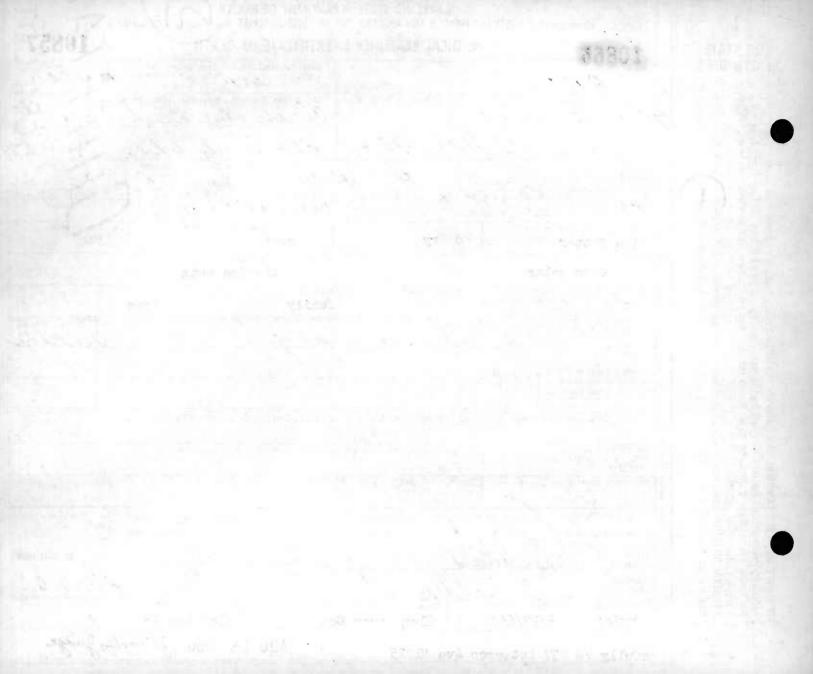
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1085810865 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Washington, B. C. OUNTY delay is and 3 ta M3. Page death. ANNE ARUNDEL MARYLAND partment b. CITY OR TOWN (If autside carporote limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 2, a. PM3. Rural, near Bristol after District Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE De haurs rd "pending" in pencil in Item 18. Give Pages 1, Chief Medical Examiner's Office alang with farm ON A FARM? Anne Arundel General Hospital (DOA) 7927 District Heights YES NO X in pencil in Item 18. Give Pages ate 24 haurs after death. 3. NAME OF First Middle 4. DATE Doy Year DECEASED RANDOPH G. HEFLIN 28 within August 19 66 (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) 22 yrs. Months Hours Ma1e 1/21/44 White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)
Shoe Salesman COUNTRYSA INDIJSTRY Washington D. C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within page in 6 Mary K. Savage Randolph G. Heflin pup 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) permit. or remayal. Francis Fletcher 7927 Dist. Hgts. Parkway Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Cerebrocranial injury IMMEDIATE CAUSE (o) . This certificate should e, writing the ward farwarded ta the Ch burial, crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES X please execute the certificate, 0 NO 20o. EXTERNAL CAUSE WAS age 3 should to agent, priar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMAR YOU or CONTRIBUTING MEDICAL EXAMINER: Driver of auto which hit a utility pole and overturned CAUSE OF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Yeor 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page at work 19 66 Bristo1 8-28 Md. A.A. of work designated 21. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection . Inquiry , and in my apinion funeral directar. death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER August 29, 1966 **EXAMINER'S** TO FUN Health o Charles S. Springate, M.D. NAME (Type) Address (Street, city, town, or county) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) BIREMOVAL (Specify) Prince Georges, Maryland 8/31/66 Ft. Lincoln Cemetery 24. FUNERAL DIRECTOR Wilhelm Funeral HomeADDRESS 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15ME (5) SEP 4308 Suitland Rd. Suitland Md. 20023

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es 1, 2 farm farm farm begont Depo	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  D. O. A - NOR J. ACCNOFL.	STREET ADDRESS  \$24 Ternfuel Rd. 9-1 e. IS RESIDENCE ON A FARM? YES NO X
d within 24 haurs after death. It in pencil in Item 18. Give Pages Examiner's Office along with far File pages Land with the state and in any event within 2 hau	3. NAME OF DECEASED (Type or print) Crouy 4. He	DEATH
urs after d n 18. Give ice along w d 2with th	WIDOWED DIVORCED DE	ATE OF BIRTH  9. AGE (In years lost brinday)   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months Doys Hours Min.
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I within n pencil Examine File pag and in o	John Helms	MOTHER'S MAIDEN NAME KatherineMoats
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te shauld be ( the word "pe I ta the Chief a burial-transit remation, ar re	18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  (c)	is genersfert onseranderath
his certifica ate, writing e forwardec be used as ta burial, c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO
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EXAMINER: cute the certifage 4 shauld ryaur files. Page 3 shaued agent, pri	Hour o.m. p.m.  While Not While at wark at work	FINJURY (Hame, farm, treet, affice bldg., etc.) 20f. (City ar town) (Caunty) (State)
at State	21. I certify that took charge of the remains described above, held a death resulted trans. Natural causes	
O DEPUTY MEDICA necessary, please ex the funeral directar. 5 may be retained O FUNERAL DIRECTO Health ar its design	ACTUAL SIGNATURE MULLICLE MEXAMINER'S	D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22. DATE SIGNED
ro DEPUTY necessary, the funeral 5 may be 1 0 FUNERAL Health ar i	NAME (Type)  23a. BURIAL, CREMATION, REMOVAL(Specify)  23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREM	
	REMOVAL Section 8/17/66 Glen Haven Cem  24. FUNERAL DIRECTOR ADDRESS	250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
VR A15ME (5)	McCully FH 237 Patapsco Ave 21 225	AMG 18 1966 James Judge



11.	PLACE OF DEATH	1				OF DEA		deceased lived If	Institution: Reside	nce before admir
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	-	giva naarest town)	mits.	LENGTH OF STA	AY IN 1b		N (If outside c	orporate limits, write	RURAL and give	nearest town)
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5.	. SEX	6. COLOR OR RAG			ED   8. D.	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 H
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10 d	one during most of wo	ION (Give kind of working tife, even if ret	ork   10b. KIND irad)	OF BUSINESS OF	R INDUSTRY 1	1. BIRTHPLACE (Co	ounty & Stata,	or foreign country)	12. CITIZEN	OF WHAT COU
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	18. CAUSE OF D	EATH  Enter only o	4.	for (a), (b), and (	(c).]	/	/	, , , , , ,	IN	NTERVAL BETWE
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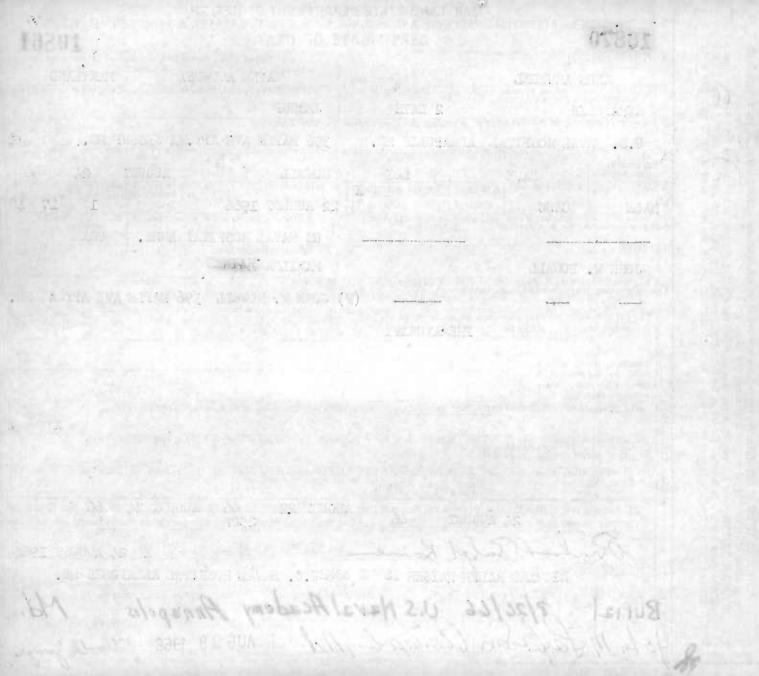
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10859 10868 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) g. COUNTY Maryland Page 0 of ANNE ARUNDEL MARYLAND b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b and after Stevensville ANNAPOLIS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? haurs ANNE ARUNDEL GENERAL HOSPITAL NO X YES 4. DATE 3. NAME OF Middle First Last Month Dov Year DECEASED 1966 HOLLINGSWORTH 8 23 WILLIAM AMES (Type or print) DEATH within IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthday) 18 vrs. Months Dovs Haurs WIDOWED DIVORCED 2-2-48 Male. White and 2 event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most af working life, even if retired) INDUSTRY COUNTRY? in any MARYLAND GAS STATION ATTEMDANT pages in pencil i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within EDGE OLLINGSWORTH and WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dotes of service) removal, OLLINGSWORTH-STEVENSVILLE 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Shotgun wound of chest 0 IMMEDIATE CAUSE (a) certificate shauld writing the ward crematian, DUE TO Conditions, if any, which gave farwarded to rise ta immediate cause (a), DUF TO 0 stating the underlying cause SD burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 👿 NO to pe 20o. EXTERNAL CAUSE WAS PRIMARY ☑ ar CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld ! agent, prior AL EXAMINER: CAUSE OF DEATH. Apparently shot self 20c. TIME OF INJURY Manth, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (Stote) Hour XXXX Not White of work foctory, street, affice bldg., etc.)
Home While may be retained far yaur FUNERAL DIRECTOR: Page While of work 1966 Stevensville Md. 23 A. A. 21. I certify that I took charge of the remains described above, held an Autapsy K Inspection Inquiry ond in my opinion Accident . Suicide X the funeral directar. death resulted fram: Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY D DEPUTY MEDICAL EXAMINER 8-24-66 **EXAMINER'S** Health RUDIGER BREITENECKER, M.D. Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) 0 EASTON OOD LAWA 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 1966 DATE

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1 1		DEPARTMENT OF HEALTH , 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21	201
STATE	10869 MEDICAL EXAMINER	R'S CERTIFICATE OF DEATH	10860
e de	ACC OF DEATH COUNTY ANNE ARUNDEL MARYLAN	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence of STATE Maryland b. COUNTY ANNE	E ARUNDEL
PM3. Poge after death	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and giver Edgewater	ve neorest town)
event within 72 hours of groups of g	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  ANNE ARUNDEL GENERAL HOSPITAL	d. STREET ADDRESS  Edgewater P.O.	e. IS RESIDENCE ON A FARM? YES NO
the in 72	ME OF Firs Middle CEASED pe or print) FRANK JOSEPH	HOWARD   4. DATE   Month   OF   DEATH August 28, 19	
V vith vith s. 25 SE	lale Negro WIDOWED DIVORCED	8. DATE OF BIRTH 3/2/1918 9. AGE (In years last birthday) 4. A	Doys Hours Min.
S C C	SUS) OCCUPATION (Give kind of work done not straightful for the suspension of the su		DAYLY S.Q.
in pur	harles soward	Besse Sellman	· ·
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o buriol-tronsit permit.	8. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Cerebro	ocranial injury	INTERVAL BETWEEN ONSET AND DEATH
notian,	8 A A 4 DUE TO  onditions, if ony, which gove (b) (b)		
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to burial, of	ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED		19. WAS AUTOPSY PERFORMED? YES X NO
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RECTOR: Page 3 should designoted agent, prior	:15 Hour Mile Not While Street Street Not While Street Street Street Not While Street Street Not While Street Stre	foctory, street, office bldg., etc.)  Mayo A.A.	ounty) (Stote)  Md.
CTOR: Figure 1	21. I certify that I taak charge of the remains described above death resulted fram: Natural causes , Accident ,	Suicide, Hamicide, Undetermined manner	and in my apinian
its des	ICTUAL Charles J. J.	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
UNERA or or or	XAMINER'S Charles S. Springate, M.D.  BURIAL CREMATION.   23b. DATE THEREOF   23c. NAME OF CEMETER)	Address (Street, city, town, or county)	(County) (Pitota)
2 ± 0	BURIAL, CREMATION, REMOVAL (Specify 236. NAME OF CEMETER) FUNDARAL PRECTOR ADDIVESS ADDIVESS	Y OR CREMATORY  230 LOCATION (City or Jawa)  250. REC'D BY REGISTRAY  250. REGISTRAY  250. REGISTRAY  250. REGISTRAY	(County) (Stote)
ME (500)	William Keene II- ann	AUG 30 1986 Schanles	Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, 1f Institution: Residence before admission) e. COUNTY the n after er MARYLANO aft b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (A) outside corporate limits, write RURAL end give nearest town c. LENGTH OF STAY IN 1b þ rs. Pag write RURAL and give marest town hours .= e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d. STREET AOORESS filled ON A FARM? matan none event, within YES NO completely ve carbon p within 3. NAME OF DATE Month Oay Year First Middle Last 4. OF DEATH DECEASED 621. JEWER Mesus 19 46 (Type or print) executed 5. SEX DATE OF BIRTH 9. AGE (by years IF UNOER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE гетоме 7. MARRIED NEVER MARRIED last birthday) Months Days Hours any WIDOWEO **OIVORCEO** Yrs. 12. CITIZEN OF WHAT Ξ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR (County & State, or foreign country) iciah ase during most of working life, even if retired) INOUSTRY and rever physic n plea Muneer certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending print. Ther 15. WAS DECEASED EVER IN U.S. ARMED FORCES! Address 16. SOCIAL SECURITY NO. 17. INFORMANT 9 (If yes give war or dates of service) (Yes, no, or unkown) death cremation, no the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND OFATH been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: or attending physician. Ellan IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the has by as th prior t underlying cause last. (c) WAS AUTOPSY PERFORMED? CERTIFICATION 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hished for use at. of Health p nine NO X YES the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) this certification of Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) 9 Hour a.m. While Not While After Id be Stat be retained by at work at work 19 p.m. 3 should with the 21. I certify that (I) (this hospital) attended the deceased from FUNERAL DIRECTOR: irector, page 3 shoul and that death occurred at & M, from the causes and on the date stated above. saw the deceased alive on Lucquest 22b. OATE SIGNEO SIGNATURE 22a. TO FUNERAL DIRE
director, page 3
should be filed v MEO. PHYS. **OIRECTOR** PHYS. M.D. Page 4 may PHYSICIÁN'S 22d. **ADORESS** NAME (Type) (State) BURIAL, CREMATION, 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL (Specify) GLEN HAVEN CEMETERY BALTIMORE MARYEMND 8-6-66 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **AOORESS** 1966 HOWARD H. HUBBARD, 4107 WILKENS AVENUE VR A15 (4) 21229 DATE 15M 4-64

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10873 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. deat M impletely filled in by the funeral ve carban papers. Pages I and event, within 72 haurs after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland MARYLAND Anne Arunde b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 1 day Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Anne Arundel General Hospital 43 Calvert Street YES NOW 3. NAME OF 4. DATE Year Doy DECEASED -GREEN JOHNSON/maiden name 19 66 (Type or print) Hattie DEATH August IF UNDER 1 YEAR S SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. last birthdov) Months Davs Haurs WIDOWED X DIVORCED June 26, 1883 Female Negro 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? A.A.Co. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, Amelia Harris Jasper Green IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give wor or dates af service) 214-05-2474-F2 James A. Johnson-43 Calvert St. Anna. Md INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) Hour a.m. Not While at wark O HOSPITAL OR ATTENDING Page 4 may be retained by th of work , 19 66, that (I) (we) last 2) I certify that (I) (this haspital) attended the deceased from August 26, 19,66, to Aug. 27 19 2 7 and that deoth occurred at M, from couses and on the date stated above. sow the deceased alive on\_ 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** M.D. PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BREMOVAL (Specify) Aug. 31-66 Brewer Hill Annapolis, Md. ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966 VR A15 (4) C.E.Hicks 111 Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where decaased lived, If Institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY is necessary, irector. Page Health, a. STATE b. COUNTY files. MARYLAND PITY OR TOWN (if of c. LENGTH OF STAY IN 16 GRITOWN (If outside corporata fimits, write RURAL and give nearest town) 50 0 OF HOSPITAL (if not in hospital, give street address) Boar IS RESIDENCE ON A FARM? be retained th the State B YES NO death. 3 to the fun NAME OF Middla DATE Month DECEASED OF (Type or print) DEATH with rs aft 6. SO OR OR PACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. В. 1, 2, and 3 is age 5 may be and 2 with 7. MARRIED 7 NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED \_YIS. 10b. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? thin 24 hours after Give Pages 1, 2, orm PM3. Page 5 working life, ayan if ratired) pages 1 13. MOTHER'S MAIDEN NAME File event form WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (If yas giva war or datas of servica) permit. " in pencil in Item 1 Office along with burial-transit permi any 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INVAL BETWEEN .5 PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) Pe DUE TO removal bluods at Conditions, if any, which (b) "pending" gava risa to immadiata causa ro W DUE TO Certificate, writing the word "pending ded to the Chief Medical Examiner' ECTOR: Page 3 should be used as gent, prior to burial, cremation, or n (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, ) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) Whila Not While Hour a.m. at work at work 19 21. I certify that I took charge of the remains described above, held an Autopsy should be forwarded to FUNERAL DIRECTOR Inspection and in my opinion death resulted fro Accident Suicide Homicide Undetermined manner causes CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 226 DATE THEREOF AOCATION (City, town, or couply (Stata) i s 0 P40 0 24b. REGISTRAR'S SIGNATURE VS. A15ME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) and campletely filled in by the funeral remove carbon papers. Pages 1 And o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTHY OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 NO F NAME OF MIJOUL 4. DATE Month DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX DATE OF BIRTH AGE (In years 6 LOHOR OR RACE NEVER MARRIED last birthday Months Dovs Hours WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Eugenee FATHER'S NAME MOTHER'S MAIDEN NAME WAS DICEASED EVER IN.U.S. ARMED FORCES? 17. INFORMANI. 16. SOCIAL SECURITY NO. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse this certificate has been as the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO the haspital ar for 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (County) (Stote) Not While foctory, street, office bldg., etc.) ot work TO FUNERAL DIRECTOR: After be retained by ond that death occurred at 3 MM, from causes and on the date stated abave. 19\_\_\_, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. should saw the deceased alive an\_ 8-29-10519 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, shauld 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, DATE THEREOF (County) (Stote) ADDRESS 2So. RECOD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 10875 CERTIFICATE OF DEATH within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) comporely filled in by the funeral ave carban papers. Pages 1 apol I. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) D. O. A. Crownsville Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in pospital, give street address)

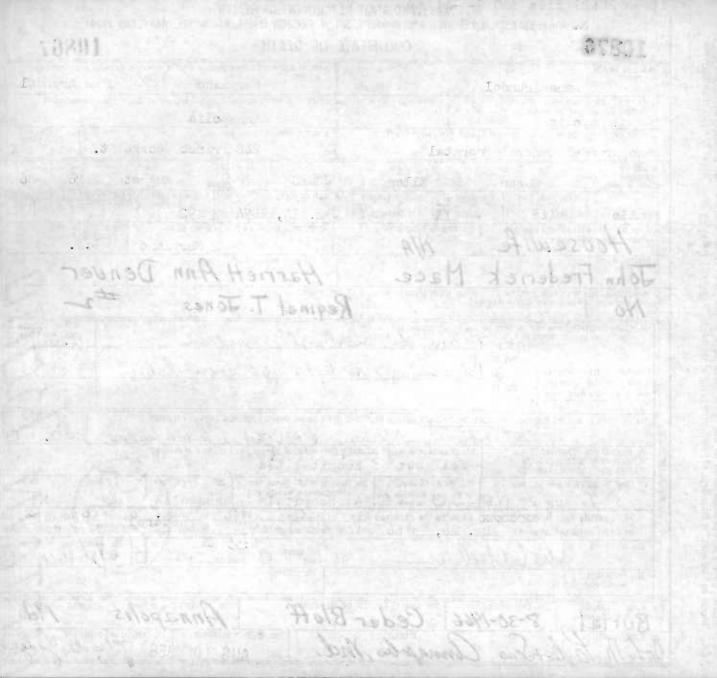
Anne Arundel General Hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box-63 YES NO 3. NAME OF First Middle Last 4. DATE Month Year DECEASED 19 66 JONES August John Harvey DEATH (Type ar print) in any event, requires that the death certificate be executed IF UNDER I YEAR AGE (In years last birthday) IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED 8. DATE OF BIRTH remave Manths Hours Male White WIDOWED DIVORCED Jan. 31. pup 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR physician c lease COUNTRY? during most of working life, even if retired ANDUSTRY ENDERSON Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending passit permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates af service) ESTELLE JONES INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO TELIOSEJEROTIC HEART DISEASE burial. Canditians, if any, which gave rise to immediate cause (a). stating the underlying cause as the TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION detached far use te Dept. of Health NO KX PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour a.m. Not While factory, street, office bldg., etc.) at work TO HOSPITAL OR ATTENDING Page 4 may be retained by the at wark 21. I certify that (I) (this charping) attended the deceased fram APR. 11 1866, that (1) (we) last 1960 to 1AUG 0 saw the deceased alive an 155 July 1966, and that death accurred at M, from couses and an the date stated above. 22a. SIGNATUR 22b. DATE SIGNED ATTENDING STAFF XX DIRECTOR M.D. PHYS. director, page 3 should be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S Edward S. Beck, M.D. Franklin St., Annapolis, Md. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23a. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) ILLECREST 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 1966 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low rate Poge 4 moy be retoined by the hospitol or ottending to FUNERAL DIRECTOR: After this certificate has been director, poge 3 should be detoched for use os the should be filed with the Stote Dept. of Health prior to	B	230. BURIAL, CREMATI	ON, 23b. DATE THE		23c. NAME OF COMETER	OR CREMATO	PYC	23d. JOLATION	(City or Town)	(County)	NStote)
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) . COUNTY by the and 2 death. b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 write RURAL and give nearest town) .5. affer Pages within filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddpess) d. STREET ADDRESS hours e. IS RESIDENCE ON A FARM? pletely apers. YES NO executed 72 NAME OF Middle Last 4. DATE Month Yeer Dev DECEASED OF carbon pa (Type or print) DEATH 19 CO 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED THEYER MARRIED AGE (In yeers | IF UNDER 1 YEAR pe and less/birthdey) event, Months Devs Hours certificate WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY or foreign country) BIRTHPLACE (County & State. 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) 12/11/ AKADWA please death .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending and Then the loval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) The law ... attending physician. AKMIWA permit. 1B. CAUSE OF DEATH [Enter only one cause per line for The law requires (b), and (c), INTERVAL BETWEEN 0 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if any, which (b) geve rise to immediate cause burial has **DUE TO** (e), steting the underlying the the hospital or couse lest PHYSICIAN: (c) certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY 0 use as CERTIFICATION PERFORMED? prior NO T for 200. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 1B.) After this be detached for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING be refained by MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR: Dept. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from..... (c., 19 ....., that (I) (we) last pluods State AM, from the causes and on the date stated above. 9 9 19 and that death occurred at saw the deceased alive on... 04 may OR 22a SIGNATURE DATE the က ATTENDING SIGNED director, page 3 director, page 3 be filed with the MED STAFF HOSPITAL PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 23d. LOCATION (City, lown or county) (State) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Baltimore. Auburn Biria 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1966 802 VR A15 (4) ison 20M S-63

MARYLAND STATE DEPARTM

		MARYLAND STATE DEPARTMENT OF HEALTH	
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		b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town).  CLENBURNIC  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  c. CITY OR TOWN (if outside corporate limits, write BALTIMORE  d. STREET ADDRESS	RURAL and give nearest town)
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		NAME OF DECEASED (Type or print)  Name OF DECEASED  (Type or print)  Name OF DEATH  Middle  A DATE Month OF DEATH  A 4. DATE OF DEATH	Dey Yaar 1966
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	13.	FATHER'S NAME  Ludwig Kreusinger  14. MOTHER'S MADEN NAME  F	
		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT  Address as no. or unknown)   (Ifyes give wer or dates of service)	2 Wilkens Aug
		B. CAUSE OF DEATH [Entar only one ceuse per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
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		saw the deceased alive on	and on the date stated above  22b. DATE SIGNED
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Q	24	FUNERAL DIRECTOR'S SIGNATURE RUNGERN L. ADERESSICO 250. REC'D BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10870 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 6hrs. Annapolis RURAL - Arnold d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rt-2, Box-166 Anne Arundel General Hospital NO TY YES | 3. NAME OF Middle First 4. DATE Month Year DECEASED 19 66 LANDRETH August 8 Opal Rachael (Type or print) DEATH 9. AGE (In years last birthdoy) IF UNDER 24 HRS. S SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED XX B. DATE OF BIRTH Months Hours Dovs Female White Aug. 8. 1966 WIDOWED DIVORCED 12. CITIZEN OF WHAT IDo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? please INDUSTRY Anne Arundel, Maryland
14. MOTHER'S MAIDEN NAME Newborn 13. FATHER'S NAME Delbert Landreth Juanita Hall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service permi None Delbert Landreth Same as 2 No 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO TO the hospital ar TO FUNERAL DIRECTOR: After this certificate for 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) be retained by 19 66, to 8-5, 1906, that (I) (We) lost 21. I certify that (I) (this chospital) attended the deseased from\_ 19 6, and that death occurred at PM, from causes and on the date stated above. saw the deceased olive an 22b. DATE SIGNED 22o. SIGNATURE Murry DIRECTOR M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S 48 Balto-Anna. Blvd., Severna Park, Md. NAME (Type) Raymond P. Srsic. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) REMOVAL (Specify) Hillcrest Memorial Annapolis 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Bell Jr. VR A15 (4) 20 M 1/66 PATE Hopping Funeral Home 172 West St. Annamlis

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10880 0871 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) ely filled in by the funeral ban papers. Pages 1 and within 72 haurs after dear PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) Annapolis 21 days. RURAL Severna Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO. Box 336 YES Anne Arundel General Hospital 4. DATE and campletely f 3. NAME OF Middle Lost Manth Day Year DECEASED 19 66 LEACOCK Carlton 29 John DEATH August (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs April 22, 1905 arry WIDOWED DIVORCED Male Wh ite 11, BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR physician a len please aval, andre during most of working life, even if retired) Construction COUNTRY? Pennsylvania U.S. 14 MOTHER'S MAIDEN NAME attending physic permit. Then ple ion, ar remaval, c 13. FATHER'S NAME S. Ralph Leacock Florence Jackson IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Md -(Yes, no ar unknawn) (If yes give war ar dates af service) Mrs. Florence Leacock. Severna Park 211-10-9515 signed by the atter burial-transit permi burial, cremation, a 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse the has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) FRTIFICATION detached far use te Dept. af Health NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldq., etc.) Nat While OR ATTENDING 21. I certify that (1) (this hospital) attended the deceased from August 8 , 19 66, ta Aug. 29, 19 66, that (I) (we) last 19 (ale, and that death occurred at an M, from couses and on the date stated above saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF DIRECTOR director, page 3 shauld be filed v M.D. PHYS 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) MOVAL (Specify) Aug. 29, 1966 Bloomingdale Cemetery Bloomingdale Juzerne PUNERAL DIRECTOR VR A15 (4) Miarley 1966 20 M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

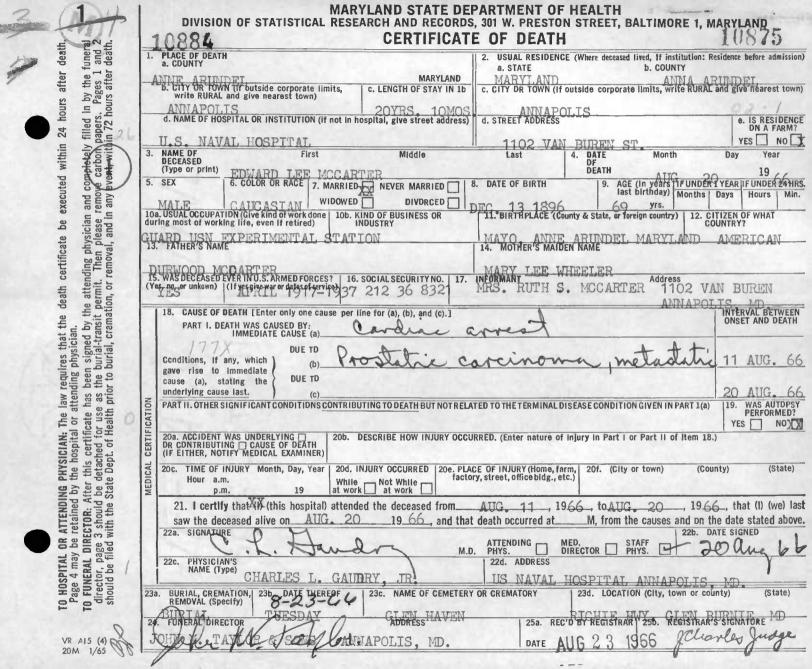
	MARYLAND STATE DEPARTMENT OF HEALTH	
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	b. CITY OR TOW	N (if outside corporate and give nearest tow	te limits, c	. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corporate	limits, write RUR	AL and giv	e neares	t town)
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	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not In hosp	Ital, give street ad	dress)	d. STREET AOORESS			0	IS RESI	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL\_RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10876 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Maryland Anne Arundes MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Pinehurst Road NO DC NAME OF DATE Month Year DECEASED August 1966 McDonnel loseph DEATH (Type or print) DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. SEX NEVER MARRIED AGE (In years 7. MARRIED last birthdoy) WIDOWED DIVORCED White 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY. COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John P. McDonnell Bridget Feenen 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) unknown Rosalie M. McDonnell 514 E. 36th St B no INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Caremonic Feb. 24,66 DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse (1) Cardio vasculas disease mar: 16, 6 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH NONE (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) of work L ot work 21. I certify that (1) (this hospital) attended the deceased from come of the control of the con \_\_\_\_M, fram causes and an the date stated above saw the deceased alive an Access 16, 1966 and that death accurred at 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. 22d. ADDRESS NAME (Type) 2701 N. Carlweil 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE VR A15 (4) Moran, Inc. 3000 E. Balto. St. Balto. DATE AUG 1 5 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10877 CERTIFICATE OF DEATH 10885 requires that the death certificate be executed within 24 hours after death. death the attending physician and completely filled in by the funeral sit permit. Then please remove corbon popers. Pages I and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY °Marvland Baltimore City Arundel MARYLAND c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparote limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) 2ma. 23 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 Crownsville State Hospital 1213 Light Street YES NO ? 3. NAME OF Middle 4. DATE Last Year Doy DECEASED OF DEATH (Type or print) 3-#32049 McLean Lucille 8 66 S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) any DIVORCED Aug. 20, 1910 Female Neoro 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OF 11. 8IRTHPLACE (County & Stote, or foreign country) during mast of warking life, even if retired) INDUSTRY COUNTRY? A. Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, 1S. WAS DECEASED EVER IN U.S. ARMED TORCES? (Yes, na, ar unknown) (If yes give war or dates af service) 17. INFORMANT 16. SOCIAL SECURITY NO Address Hospital Records Unkhown Unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit PART I. DEATH WAS CAUSED 8Y: ONSET AND DEATH Pneumonia IMMEDIATE CAUSE (o) the hospitol or ottending physicion. DUE TO Conditions, if any, which gove rise ta immediate cause (a), DUF TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS'
PERFORMED? YES X Chronic Brain Syndrome; Epilepsy NO F TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 moy be retoined by the hospital or Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. -Not While at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram\_ 5/10 19 66, ta 1966, that (I) (we) last 8/3 1966, and that death occurred at 1:20 M, from causes and on the date stated above. saw the deceased alive an\_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. X 8/3/66 DIRECTOR M.D. 22d ADDRESS Crownsville State Hospital, Maryland 22c. PHYSICIAN'S Benedict, M. D. NAME (Type) director, should 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 73d. LOCATION (City of Town) 23a. 8URIAL, CREMATION, (State) REMOVAL (Specify) 25a. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charley DATE AUG VR A15 (4) 20 M 1/66 1366

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10887 CERTIFICATE OF DEATH y filled in by the funeral on papers. Pages 1 and 2 vithin 72 hours after death be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTINE Arundel o. STATE arvland b. COUNTY Baltimore City MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Baltimore llmos. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS event, within 72 Crownsville State Hospital 26 S. Exeter St. YES NO X 4. DATE pou NAME OF First Middle Lost Day Year DECEASED (Type or print) 3-#28073 James McQuaice 19 66 DEATH D S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Manths Haurs September 18,1887 White WIDOWED DIVORCED Male 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? requires that the death certificate Unknown U.S.A physica nen plec 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-tronsit permit. Then p burial, cremation, or removal, Unknown Unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Records Unknown Unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN Acute Coronary Insufficiency ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Coronary arteriosclerosis Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse os the prior to hos been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? Chronic Brain Syndrome Secondary to Cerebral Arteriosclerosis NO X YES TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) While of work 8/30 \_\_\_, 1966 , that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram\_\_\_\_ 9/14 , 19 64 , ta\_ 8/30 19.66, and that death accurred at 1.50 M, fram causes and an the date stated above. saw the deceased alive an\_ 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. MED. DIRECTOR 8/30/66 X M.D. PHYS 27d ADDRESS Crownsville State Hospital, Maryland 22c. PHYSICIAN'S Benedict, M. D. NAME (Type) director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. 8URIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL & Specify NW OF MED, SCHOOL REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) 1966 Charles

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1 224	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1088 CERTIFICATE OF DEATH
death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
ter fer	Anne Arundel Maryiann Washington D. C.
4 hours after led in by the pers. Pages 172 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
hours d in b rrs. Pa	Annapolis 47.3
2 E E	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  U.S. Naval Hospital  1731 N St. N. W.  9. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. this certificate has been signed by the attending physician and completely detached for use as the burial-transit permit. Then please remove perform to Dept. of Health prior to burial, cremation, or removal, and in any event, with	3. NAME OF First Middle Last   4. DATE Month Day Year
mple ent,	OECEASED (Type or print) HELEN (N) MEADE DEATH August 13 1966
Con	5. SEX 6. COLOR OR RACE 7. MARRIED 3. NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS
xecute and co emove any ex	Female   Cauc   WIDOWED   DIVORCED   10 Dec. 1879   86 yrs.
ian se r	10a. USUAL OCCUPATION (Give kind of work done done in Noustry) 12. CITIZEN OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
icate be physicia n please val, and	NA Pittsylvania Go. Va. U.S.
icat phy n p	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ing The	John James A. Jones
tend iit.	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Puritan Place
deat e at oerm	No   Capt. Randolph Meade Jr. providence.Anna.Md
ires that the death certifica physician. I signed by the attending ph burial-transit permit. Then burial, cremation, or removal	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
at the ian. d by creater creater	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Arres
taw requires that tated attending physician.  has been signed been see as the burial-trans to prior to burial, creating the prior to burial, creating the prior to burial.	DUE TO D
phy phy pur	Conditions, If any, which gave rise to Immediate   (b)   The umo n 12   6/12/eva   3 day
requir ding p been the bur to b	cause (a), stating the OUE TO
law re- ttendir has be as th prior	Underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
The lor al	PERFORMED?
CIAN: The ospital or a certificate hed for use to frealth	ASHD C CONGESTIVE LOCAL FACILITY OF PERFORMED?  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  PERFORMED?  YES NO X  YES
spit spit sert ed	20a. ACCIDENT WAS UNDERLYING   20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ING PHYSICIAN: The lab to be the hospital or at after this certificate be detached for use State Dept. of Health	
	Hour a.m. While Not While factory, street, office bldg., etc.)
ATTENDING P retained by t cTOR: After should be d vith the State	
ATTENDI retained CTOR: A S should with the 3	21. I certify that (I) (MMMMSCAM) attended the deceased from 1 August 19 66, to 13 August 19 66, that (I) (MM) last saw the deceased alive on 13 August 19 66, and that death occurred at 30 Am, from the causes and on the date stated above.
ATT rets	22a. SIGNATURE
DIRE 38 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	M.D. ATTENDING MED. STAFF   13 August 1966
may may RAL D	22c PHYSICIAN'S
HOSPITAL age 4 may FUNERAL rector, pa	NAME (Type) T. P. McGrory U.S. Naval Hospital Annapolis, Md.
TO HOSPITAL OR ATTENDIN Page 4 may be retained I TO FUNERAL DIRECTOR: Affidirector, page 3 should be filed with the Sinch Page 10 shoul	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) State)  REMOVAL (Specify) 8-15-46 GREEN HILL DANVILLE Va.
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	ADDRESS   250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR 256. REC'D
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10881 CERTIFICATE OF DEATH 10890 and 2 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) filled in by the funeral papers. Pages 1 and . PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ANNE ARUNDEL MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) FORT GEORGE G. MEADE 27 days BALTIMORE d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) KIMBROUGH ARMY HOSPITAL 113 F ROCK GLEN ROAD YES NO-3. NAME OF First Middle Lost DATE Month Doy Year pau DECEASED DAVID Ja MORRIS SI AUGUST 22 66 19 (Type or print) DEATH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH remove n any ev Months Doys 30 June 1896 CAU MALE DIVORCED WIDOWED 70 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? physician on pleose during most of working life, even if retired) INDUSTRY Marietta, Georgia USA Serviceman Retired U.S. Army 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Laurel Wellborn LeRoy Morris David J. Morris, Jr. 7011 Crest Haven Dr WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. 0 216-32-9123 Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the buriol-tronsit p CARDIAC ARREST IMMEDIATE CAUSE (o) ARTERIOSCLEROTIC HEART DISEASE WITH UNDET. Conditions, if ony, which gove ATRIAL FIBRILLATION rise to immediate couse (o), DUE TO stoting the underlying couse os the has been of Health prior to 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Fracture left hip NO SC TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) While Not While of work ot work 66, to 22 Aug , 1966, that (We) last 21. I certify that \* (this haspital) ottended the deceased fram... 25 July 19 66, and that death occurred at 2:22 M, from causes and on the date stated above. 22 Aug sow the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. MED. DIRECTOR 22 Aug 1966 M.D. 22d. ADDRESS 22c. PHYSICIAN'S KIMBROUGH ARMY HOSP, FT GEO G MEADE, MD director, po should be f NAME (Type) ALAN WANDERER, Capt, MC 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 8/25/66 U.S. NATIONAL CEMETERY BALTIMORE. MO. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 G 1\$66 liance GLEN BURNIE. R.V. SINGLETON MD.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10882 10891 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland O. COUNTY Anne Arundel Anne Arundel and 3 ta M3. Page death MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b PM3. write RURAL and give nearest town)
Annapolis after ( Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form haurs ANNE ARUNDEL GENERAL HOSPITAL 1 Riverview Road Item 18. Give Pages ate YES NO X 24 haurs after death. Office alang with NAME OF First 4 DATE Lost Month Doy Year DECEASED MORROW 23 WILMA August 66 with the 19 (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours White 3-27-36 Female. WIDOWED DIVORCED and 2/ event 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) in any 2 Examiner's Kestaurar pencil 13. FATHER'S NAM. be executed within puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, or unknown) (If yes give wor or dates of service 16. SOCIAL SECURITY NO. Address permit. IL remayal, orea CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Multiple injuries 5 IMMEDIATE CAUSE (o) certificate should writing the word cremation, DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying cause last. OS burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? the certificate, YES X NO p 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) prior PRIMARY ST or CONTRIBUTING shauld Driver in auto-auto collision CAUSE OF DEATH. agent, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 12:00M p.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page A. A., Md. 19 66 Route 50 ot work ot work designated 21. I certify that I taak charge of the remains described above, held an Autopsy 🖾 Inspection Inquiry and in my apinian be retained far director. death resulted fram: Natural causes Accident X Suicide | Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral 8-23-66 DEPUTY MEDICAL EXAMINER Health ar **EXAMINER'S** Address (Street, city, town, or county) Werner U. Spitz, M.D. NAME (Type) DATE THEREOF 23d. JGCATJON (City of Town) (County) (Stote) 50 ton 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 26 1966 6M 1/66

13 2 7 1 E Waltress Restaurant USB Florida Chester H. Yeomans Ruth Sutton Clork D. Morrow # 2 Yes Korea Burgal 8-26-1966 Arlington National Arlington Lease John M. Laylor war Amopate, Id - NIE 2 6 1956 Thomas John

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10893 CERTIFICATE OF DEATH 2 requires that the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral remave carban papers. Pages 1 and in any event, within 72 haurs after death 1. PLACE OF DEATH a. COUNTY Marvland Anne Arundel MAR YLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 11mos. 20das. Bel Alton. P.O. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO A d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) None 06 Crownsville State Hospital NAME OF Middle Last 4. DATE Month Day Year DECEASED (Type or print) #30316 Lillian 8 31 Jarrett Murphy 66 DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** Jast birthday) White 3/18/1892 Female DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY !! SA cian c during most of wacking life, even if retired) Ynkhoun House

13. FATHER'S NAME INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME Doceie Faren Whiteday Jack Rice IS. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16-29 CHA SECURTY NO 86 57. Address (Yes, na, annknawn) (If yes give war ar dates af service) Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Liveel Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO far 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) factory, street, affice bldg., etc.) Not While at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram 9/11/, 19 65, ta 8/31/, 1966, that (I) (we) last saw the deceased alive of 8/31/1969, and that death occurred at 5: A M, from couses ond on the date stated above. , 1966, that (I) (we) last saw the deceased alive or 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR X 8/31/66 M.D. PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Crownsville, Maryland M.D. enedict, NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) BEMOVAL (Specify) Maryland La Plata Sacred Heart Cemetery 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR TNC VR A15 (4) 20 M 1/66 SEP 1966 DATE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

Page 4 may be retained by the hospital or ottending physician.

director, page 3 should be detoched for use os the burial-transit permit. Then pleose remo should be filed with the State Dept. of Heolth prior to burial, cremation, or removol, ond in any rage 4 may be returned by the certificate has been signed by the ottending physician and to FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and the hirial-transit permit. Then please references

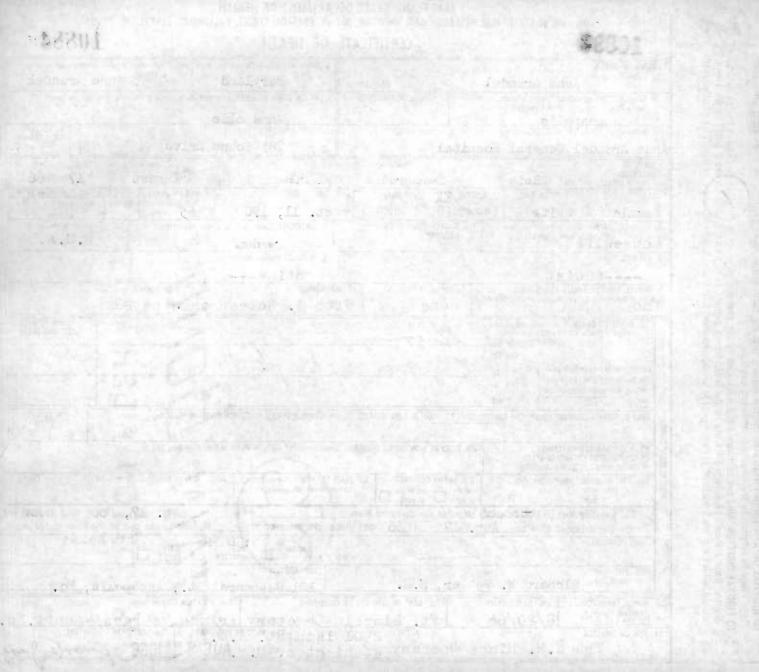
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10293

## CERTIFICATE OF DEATH

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	PLACE OF DEATH a. COUNTY						2. USUAL RESIDENCE (V		ased lived, if instituti b. COUN	1774		,
	a. COUNT	Anne Arunde	el		MARYL	AND	Mary.	land	b. cool	" Anne	Arunde	el
		If outside carporate limits, d give nearest tawn)		c. LEI	GTH OF STAY IN	lb	c. CITY OR TOWN (If ou	itside carpo	rote limits, write RUF	(AL and give I	nearest town)	
		apolis					Anna	polis			0.6	2 - 1
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not	in haspita	l, give stre	et oddress)		d. STREET ADDRESS				e. IS RESI ON A F	
An	ne Arund	el General I	Hospi	tal			785	Sonne	Drive			NO X
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S.	SEX	6. COLOR OR RACE	7. MARRIE	DXX	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years last birthday)	Months I	YEAR IF UNDE Dovs Hours	R 24 HRS.
F	emale	White	WIDOWE	D 🔲	DIVORCED		Oct. 11, 190	00	65 yrs.	Monns	Duys Hours	Mil.
	on USUAL OCCUPATION (Give kind of work done wing most of working life, even if retired)			Ob. KIND OF BUSINESS OR		11. BIRTHPLACE (County & State, or foreign country) 12.  Sweden			12. CITIZ	COUNTRY ?S . A .		
dur				INDUSTRY					COUR			
_	FATHER'S NAME						14. MOTHER'S MAIDEN NAME					
	Oquist						Stina					
15.	WIAC DECEASED EVE	1	6. SOCIAL	SECURITY NO.	17. 1	NFORMANT		Addre	SS	-57		
(Ye	'es, na, or unknown) (If yes give wor or dotes of service)			none Ot			tto J. Nelson same as #2					
		EATH (Enter only one cause		for (a), (b)	and (c).)~						INTERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:			enua						ONSET AND	DEATH
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t	Canditians, if any	, which gave )	/	Ples	mu	ne	nlenepler	efis				
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TION											PERFORA YES T	NO V
MEDICAL CERTIFICATION	200 ACCIDENT WA	S LINDERLYING	205	DESCRIBE	HOW INJURY OC	CURRED.	Enter nature of injury in	Part I ar P	art II of item 18.)		1 ,20	7
ERT	206. ACCIDENT WAS UNDERLYING ☐ 205. DESCRIBE HOW INJURY OCCURRED. (E OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
AL		URY Month, Doy, Year	204	. INJURY C	CCHRRED	20e PI A	E OF INJURY (Home, form	n. 20f.	(City or town)	(Caun	ntv)	(State)
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1088510894 CERTIFICATE OF DEATH death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death ion and completely filled in by the funeral cose remove carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) PLACE OF DEATH O. STATE MARYLAND o. COUNTY b. COUNTY ANNE ARUNDEL ANNE ARUNDEL MARYLAND b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) TEGEO GO MEADE TOWND. 26 Days FT GEO G MEADE, MD d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? 4527 Butler St WIMBROUGH ARMY HOSPITAL NO PC 3. NAME OF 4. DATE First Middle Year DECEASED 29 C. NEWMAN AUG 66 WILLIAM 19 DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthday) Hours 12 July 1914 WHITE MALE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? USA TULSA. ALABAMA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME BRYANT CARRIE WWLLIAM NEWMAN signed by the ottending burial-tronsit permit. In 17. INFORMANT 16. SOCIAL SECURITY NO. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) THELMA L. NEWMAN/WIFE/( Same as item # 2 224523927 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) 3 ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: LAENNEC, S CIRRHOSIS IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate hos been lost. WAS AUTOPS'
PERSORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NONE NO the hospitol or 2Da. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Hour o.m. Nat While be retained by 21. I certify that (1) (this haspital) attended the deceased fram 3 Aug , 19 66, ta 29 Aug , 19 66 that (1) 1966) last 19 66, and that death accurred at 0.655AM, fram causes and an the date stated above. saw the deceased alive an 29 Aug 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING 29 Aug 66 M.D. 22d. ADDRESS 22c. PHYSICIAN'S KIMBROUGH ARMY HOSPITAL, FT GEO G. MEADE NAME (Type)GEORGE W. LUTZ, CAPT, MSC director, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION, (County) Sept.1, 1966 ARLINGTON NATIONAL CEM. ARLINGTON. VIRGINTA 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE DATE SEP HAROLD S. Wade, 550 Wash. Blvd., Laurel, Maryland VR A15 (4) 20 M 1/66 1966

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10895 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY of Anne Arundel Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) after Baltimore Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Anne Arundel General Hospital Give Pages 2822 Denham Circle NO hours ofter deoth. 3. NAME OF First Middle 4 DATE Month Year 5 DECEASED OF DEATH LEVI STANLEY NICHOLSON 26 August 66 (Type or print) within with IF UNDER 24 HRS S. SFX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthdoy) Hours Male Negro WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired COUNTRY? INDUSTRY / . heatica Center 24 ony poges 13. FATHER'S NAME be executed within pencil 2 File puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no or unknown) (If yes give wor or dotes of service) or removal, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Asphyxia IMMEDIATE CAUSE (o) \_ This certificate should writing the word buriol, cremation, DUE TO Conditions, if ony, which gove Drowning rise to immediate couse (a). DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO the certificate. designoted agent, prior ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING Drowned while attempting to swim. **EXAMINER:** CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Yeor (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While moy be retoined for your FUNERAL DIRECTOR: Page of work XMX 8/26 1966 Carr's Beach Md. Beach A.A. 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection . Inquiry ond in my opinion Notural couses . director. deoth resulted from: Accident x Suicide | Undetermined manner Homicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 moy be TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER 8/27/66 **EXAMINER'S** Charles S. Petty, M.D. Address (Street, city, town, or county) NAME (Type) the 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d. LOCATION 15 or Town 23o. BURIAL, CREMATION, REGISTRAR'S SIGNATURE 24. FUNERAL BIRECTOR 2So. REC'D 1966 Charley VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10897 10888 CERTIFICATE OF DEATH and 2 physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. rus write RURAL and give nearest town) Annapolis Arnold d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Anne Arundel General Hospital Roe Lane, Hollyanna Acres YES NO IX NAME OF First Last Year DECEASED Oliver (Type ar print) Edward NORFOLK DEATHAugust 66 6. COLOR OR RACE 8. DATE OF BIRTH 1884 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 82 (In years Months WIDOWED X April 8. #966\*\* DIVORCED Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? U. S. Drawbridge tender State gov't Calvert Co. Md. 13. FATHER'S NAME Samuel Norfolk Kattie Trott 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 310 Hiltimere Dr. (Yes, na, or unknown) ((If yes give wor or dates of service) 214-05-1437 Mrs. Harry Bergen-Annapolis, Md. no INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c).)
 PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (o) þ DUE TO Canditians, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONFRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS'
PERFORMED? NO A TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or for 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City ar tawn) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) at wark 21. I certify that (1) (this hospital) attended the deceased fram\_ and 1966 to 19 %, that (1) (we) last 1966, and that death accurred at M, from causes and an the date stated above saw the deceased alive on, 6:00A.M. 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** directar, page 3 shauld be filed v M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 59 Franklin St., Annapolis, Md. Richard Hochman M. D. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) (County) (State) REMOVAL (Specify)
Burial Hillcrest Cemetery 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Hopping VR A15 (4) (7) 1966 HOPPING FUNERAL HOME

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10898 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY AN. CO o death. MARYLAND Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and after d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Item 18. Give Pages 1, YES | NO X NAME OF Middle 4. DATE Month Doy Year DECEASED OF lex and eic 23 19 (Type or print) DEATH alang withi S. SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months haurs WIDOWED DIVORCED event 7 and 10o. USUAL OCCUPATION (Give kind of work done Ag life, even if retired) 10b. KIND OF BUSINESS OR late or foreign country) **INDUSTRY** in any Examiner 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME ond WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT certificate should be executed permit. the Chief Medical removal, CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH TD IMMEDIATE CAUSE (o) writing the word crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 0 lost. burial, nseq PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? please execute the certificate. NO X agent, priar ta 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item? 18.) 3 shauld PRIMARY For CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor (City or town) (County) (Stote) foctory, street, office blog, etc.) Hour o.m. Not While FUNERAL DIRECTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my apinian the funeral director. death resulted from Natural couses Accident . Suicide Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be 1 DEPUTY MEDICAL EXAMINER Б **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or epunty) BURIAL, CREMATION REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR 2Sb. VR A15ME (5

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0890 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE b. COUNTY A.A. Co. A.A. Co. MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Ferndale, Glen Burnie
d. STREET ADDRESS 4 Hrs. Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? 107 Glenmont Avenuen Burnie, Mdws North Arundel Hospital NO S First Middle Last 4. DATE Month Pensmith NMN William 1966 DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED last birthday) Manths Days Hours 2-10-97 White WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) COUNTRY? INDUSTRY Balto., Md. Ret. 14 MOTHER'S MAIDEN NAME Minnie Oberlein 17. INFORMANT 16. SOCIAL SECURITY NO. Mrs. Genevieve Pensmith, same as 2 INTERVAL BETWEEN ONSET AND DEATH DUF TO DUE TO

William Pensmith 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) WW 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) — CAUSE (b) Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year Haur o.m factory, street, affice bldg., etc.)

M.D.

**ATTENDING** 

22d. ADDRESS

campletely filled in by the funeral tave carbon papers. Pages 1 and 2 y event, within 72 hours after degith please physician the attending phys 6 crematian, signed by the burial-transit p physician. attending the O FUNERAL DIRECTOR: After this certificate has been 4 may be retained by the haspital ar pluants director, page 3 shauld be filed v

requires that the death certificate be executed within 24 haurs after death

VR A15 (4) 20 M 1/66

REMOVAL (Specify) 1 Sept. 66 24. FUNERAL DIRECTOR

saw the deceased alive an

22o. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION,

10899

PLACE OF DEATH o. COUNTY

3. NAME OF

S. SEX

DECEASED

(Type or print)

Male

13. FATHER'S NAME

23c. NAME OF CEMETERY OR CREMATORY Baltimore National

Not While

at work

21. I certify that (1) (this haspital) attended the deceased fram.

Kirkley Funeral Home, Glen Burnie, Md.

23b DATE THEREOF

2So. REC'D BY REGISTRAR

66

DIRECTOR

186, and that death accurred at 48 M, from causes and an the date stated above

23d. LOCATION (City or Town) (County)

22b. DATE SIGNED

1926, that (I) (we) last

(State)

Baltimore . Md. REGISTRAR'S SIGNATURE Charles

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Rasidence before admission) PLACE OF DEATH a. COUNTY b. COUNTY e. STATE by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town DENN NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO completely NAME OF Middle DATE Month Dev Year Last OF DECEASED (Type or print) DEATH 19 and cor carbon it, withir AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED ANEVER MARRIED lest birthday) Months Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR INDUSTRY (County & Stete, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Entar only ona cause per line for (e), (b), and (c), ONSET AND DEATH PART ! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave risa to immediata cause DUE TO (a), steting the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 98 NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of ilem 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJURY (Home, ferm, MEDICAL 20d, INJURY OCCURRED 20f. (City or town) (County) (Steta) 20c. TIME OF INJURY Month, Dey, Year fectory, street, office bldg., etc.) While Not While Hour e.m. at work | et work | p.m 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from MA to. 19.60, and that death occurred at PM, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED ATTENDING MED STAFF DIRECTOR PHYS. PHYS. M.D. death. Page 4 O FUNERAL 22d. ADDRESS SICIAN'S NAME (Type) ector, I (Stete) 23 NAME OF CEMETERY OR CREMATORY 23d. LOCATION: (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF م تُن REMOVAL (Specify) SUR 25b. REGISTRARIS SIGNATURE 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 1866 1SM 7-62 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

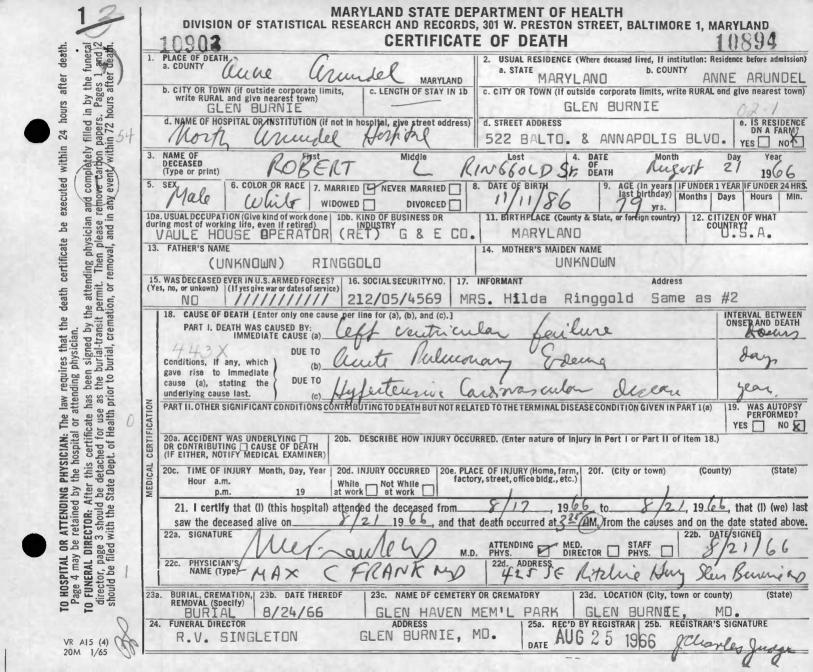
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10902 CERTIFICATE OF DEATH 2 death requires that the deoth certificate be executed within 24 hours after death and completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) RURAL 2 days Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rt-2 Anne Arundel General Hospital YES X NO 3. NAME OF physician and completely ten please rempre carbon First Middle 4. DATE Last Manth Doy DECEASED 19 66 RIDOUT Antust Lanonia Stinchcomb (Type or print) DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH XXX NEVER MARRIED last birthday) Hours Female White WIDOWED DIVORCED 1885 10a. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10b. 11. BIRTHPLACE (County & Stote, or foreign country) during mast/of/warking life, even if retired) INDUSTRY COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO Address (Yes, no, ar unknown) (If yes give war or dates af service) cremotion, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause Poge 4 moy be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the prior to 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) for use Health NO TO YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) Hour o.m. factory, street, affice bldg., etc.) Nat While director, page 3 should be de should be filed with the State at wark at wark 21. I certify that (1) (this pospital) attended the deceased fram 19 Cb, ta Aug. 7, 1966, that (1) (xxxx) last 19 (Q), and that death accurred at 3 A M, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE \_22b. DATE SIGNED **ATTENDING** M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN NAME (Type Stephen B. Hiltabidle, MD 121 Cathedral St.. Annapolis. Md. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10904 CERTIFICATE OF DEATH low requires that the deoth certificote be executed within 24 hours after deoth the ottending physicion and completely filled in by the funeral sit permit. Then please-remove corbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY o. STATE Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Annapolis d. STREET ADDRESS IS RESIDENCE ON A FARM; 302 N. Glen Ave., Anne Arundel General Hospital YES NO. 3 NAME OF Middle 4. DATE First Lost Month Ooy Year DECEASED OF DEATH ROGERS 30 19 66 August Mildred Anna (Type or print 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours White Female DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR . 8IRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? ond U.S. Maryland MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse os the prior to be retained by the hospital or attending has been lost. WAS AUTOPS! PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Heolth YES TO NO this certificate for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. Not While O FUNERAL DIRECTOR: After at work . 1966, that (1) (3/24 last 21. 1 certify that (1) (this constal) attended the deceased from 19 6 6 - to 30 ploods saw the deceased alive on Aug. 30 1966, and that death accurred at M, fram causes and on the date stoted obove. 22o. SIGNATURE 22b. OATE SIGNED ATTENOING STAFF PHYS. 00 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN eHURPH NAME (Type director, DATE THEREOF NAME OF CEMETERY OR CREMATORY (Stote) BURIAL, CREMATION, 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR TUNERAL DIRECTOR 1966

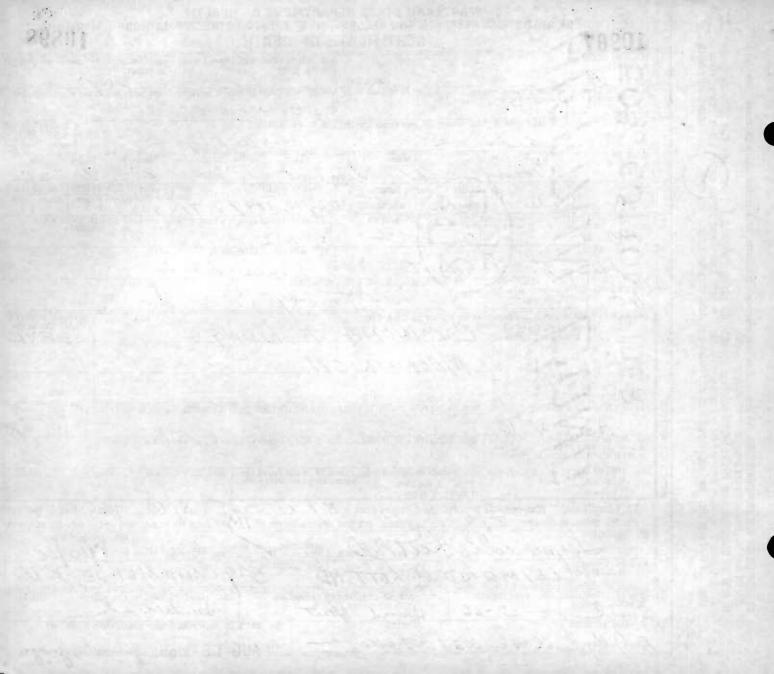
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE DE DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) County a. COUNTY b. COUNTY ROWNSVILL hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) GLEN BLENIE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6. IS RESIDENCE ON A FARM? d. STREET ADDRESS papers in 72 DG BALTD-ANNAP. CROWNSVILLE HOSPITAL YES NO within etely event, wit 3. NAME OF First DATE carbon Middle Last Month Day DECEASED GEORGE remoye car (Type or print) HARIES SHEPPARI DEATH C 19 66 executed 6. COLOR OR RACE 5. SEX 7. MARRIED X NEVER MARRIED DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months | Days in any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be during most of working life, even if retired) COUNTRY? TISA Retired Sheet Netal Worker Philadelphia MOTHER'S MAIDEN NAME removal, NHOL ANNA Rati 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attenit 5 (Yes, no, or unkown) |(If yes give war or dates of service) cremation, Yes: WW1 Mrs. Ellen M. Shennard 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit burial, cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) signed DUE TO FAILURE Conditions, If any, which peen gave rise to Immediate the l DUE TO cause (a), stating the prior SCLEROSIS underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) for use Health PERFORMED? certificate CEPEBRAL-NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) o detached be detached State Dept. this 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be dilled with the State Hour a.m. While Not While p.m. at work at work 19 66 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SICNED MED. DIRECTOR ATTENDING M.D. FUNERAL director, p 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Baltimore Mi 24 Aug. Burial Baltimore National REC'D BY RECISTRAR FUNERAL DIRECTOR Kirkley Funeral Home, Glen Burnie, Md. VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY by the Pages 1 a a. STATE b. COUNTY MARYLAND b. CITY DR TDWN (if outside corporate limits, c. CITY DR TDWN (if outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Brooklyn PK BROOKLYN .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled in 72 ON A FARM? 30.3 ND 🖂 YES within NAME OF First Middie Last DATE Month Day Year 4. carbol ₹ DECEASED 8 (Type or print) DEATH Harr 19 66 executed 6. COLOR OR RACE | 4. MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH e ev NEVER MARRIED last birthday) | Months | Davs Hours any WIDOWED DIVORCED [ YES. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) INDUSTRY CDUNTRY? . 8,7. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Harry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address permit. 0 (Yes, no cor unkown) | (If yes give war or dates of service) ant 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed DUF TO Conditions, If any, which gave rise to immediate r to DUE TD cause (a), stating the underlying cause last. WAS AUTDPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO A YES [ 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) 5 MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While be retained by p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: A age 3 should filed with the and that death occurred at 1/2M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR pa TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREDE 23d. REMDVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10908 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY ARUNDEL MARYLAND MARYLAND MONTGOMERY CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town BETHESDA CIEORGE (1. MEADE d. NAME OF HOSPITAL (If not in hospital, give street oddress)
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9800 SALAGE ROAD d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5803 GREEN TREE KD YES NO TO NAME OF First Middle 4. DATE Month Dov Yeor DECEASED SMALL AIBERT WERSTER DEATH (Type or print) HUEUST 1966 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 1910 Months Doys MALE DIVORCED | CAUCAUSIAN WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CF. DEFENSE HOMINISTRATOR WASHINGTON UNITED 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 00 HIBERT FISIE WEBSTER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 577-01-9843 RECORDS PERSONNEL NO 0 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY:
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after death. death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel MARYLAND Marvland Anne Arundel by the Pages b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Millersville Raltimore ithin 72 hc filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1521 S. Hanover Knollwood Manor Nursing Home NO Te YES within etely 50 3. NAME OF First Middle Last DATE Month Day 4. DECEASED replove carb ig A Edna (Type or print) M. Staffer DEATH 1966 executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED May 17. 1893 WIDOWED X DIVORCED [ Female. White Ξ 10a. USUAL OCCUPATION (Give kind of work done | physician n please r 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) and COUNTRY? Housewife At Home 13. FATHER'S NAME remova Benjamin F. Russell Cole 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN' 17. Address the attend t permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) No Mrs. Naomi Smith Ashington Rd. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit burial, cramat that the ONSET AND DEATH dens carcinon PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed 15 4 X DUE TO Cenditions, If any, which gave rise to Immediate the r DUE TO cause (a), stating the underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO T YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED (State) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, (County) det factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 12 PM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED be page ATTENDING DIRECTOR M.D. ro Hospital Page 4 may FUNERAL PHYSICIAN'S TO FUNERAL director, p should be 1 22C. 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 16 1966 Burial Glen Haven Glen Rurnie FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR Mc Cully 130 E. Fort Ave VR A.15 (4) 20M 1/65

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the cert should should r files. CTOR: Pa designate	H	death resulted from: Natural causes , Accident , Suicide , Homlcide , Undetermined manner	
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DEPUTY Nease exercitor. Prained for Funeral.		EXAMINER'S NAME (Type) E. LIN have IT Address (Street, city, town, or county)	8/23/66
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10902 CERTIFICATE OF DEATH 10911 death , filled in by the funeral n papers. Pages 1 and 2 rithin 72 haurs after death requires that the death certificate be executed within 24 hours after death and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Anne Arundel Anne Aruhdel Maryland MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) RURAL - Edgewater Annapolis 1 day d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rt-4, Box-696 Anne Arundel General Hospital YES NO K pan 3 NAME OF Middle Lost Month Year Doy DECEASED SUITE 25 19 66 Lottie August Marian (Type or print) DEATH IF UNDER 1 YEAR IF LINDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIEO B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthday) Months WIDOWED TY White DIVORCED Feb. 1, 1891 Female 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Maryland Beach Resort Annapolis
14. MOTHER'S MAIDEN NAME physicic en pled 13. FATHER'S NAME Anton Steiner Annie Herold 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address 220-16-8479 Agnes Hardesty - same as #2 above no INTERVAL BETWEEN
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5 minutes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p burial, crematic PART I. DEATH WAS CAUSED BY: Shock IMMEDIATE CAUSE (a) by the hospital or attending physician. OUF TO Gram-negative septicemia 4 hours? Conditions, if any, which gave (b) rise ta immediate cause (a), DUE TO far use as the f f Health prior ta b stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been Ruptured gallbladder days WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Obesity YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 1B.) 20o. ACCIDENT WAS UNDERLYING detached f te Dept. af l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While at wark 21. I certify that (1) (this the base was) attended the deceased from 24 August, 1966, to Aug. 25, 1966 that (1) have) last saw the deceased alive an Aug. 25. 19 66, and that death accurred at M, fram causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D. PHYS OIRECTOR PHYS. 27 Aug. 1966 22d. ADDRESS South River Medical Center 22c. PHYSICIAN'S NAME (Type) Charles W. Kinzer, M. D. Edgewater, Maryland 21037 directar, shauld b 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Aug. 29.1966 Hallows Cemeter v Birdsville 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR hopping Miarles VR A15 (4) 1966 20 M 1/66 Hopping Funeral Home Annapolis

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	e date stated above.  22b. DATE
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NAME (TYPE) Sylvia N. Lin, 22d. ADDRESS Rt 1 Box 244 Edge	water, hed
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FUNERAL DIRECTOR'S SIGNATURY APPRESS APPRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S S	IGNATURE JUNGSE
	B. CILY OR TOWN If outside corporate limits, write RURAL and give nearest lown  R+1 Box 365 Edgenary  d. NAME OF HOSPITAL OR INSTITUTION/(it not in hospital, give street address)  NAME OF HOSPITAL OR INSTITUTION/(it not in hospital, give street address)  NAME OF HOSPITAL OR INSTITUTION/(it not in hospital, give street address)  NAME OF HOSPITAL OR INSTITUTION/(it not in hospital, give street address)  NAME OF HOSPITAL OR INSTITUTION/(it not in hospital, give street address)  NAME OF DECRASED  (Irps or prim)  VIA r r N  WIDOWED  DIVORCED  NORCED  NORCED

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10913 CERTIFICATE OF DEATH 119114 death requires that the death certificate be executed within 24 hours after death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) in by the funeral . PLACE OF DEATH o. COUNTY b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURA) and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? North Arundel Hosp 804 Glenview Ave. S/W YES NO X bon pa NAME OF First Middle Lost 4. DATE Month Day Year DECEASED 1966 FREDERICK TEPPER. August 21 A. Sr. (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH last birthday) Manths Days Haurs any White Sept. 16.1909 Male WIDOWED DIVORCED rem 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician ( please during most of working life, even if retired) INDUSTRY COUNTRY? Public Wks. Baltimore, Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remaval, L.C. Tepper Emma A. Bussev 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes give war or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 217-16-6673 Mrs. Grace M. Tepper (wife) Same as #2 crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO burial, Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse as the has been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached far use te Dept. af Health YES NO TO FUNERAL DIRECTOR: After this certificate the haspital ar TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm. 20d. INJURY OCCURRED (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. Not While foctory, street, office bldg., etc.) at wark at wark 21. I certify that (I) (this hospital) attended the deceased from Jehry 1966, and that death occurred at 232 M, from causes and on the dote stated above. saw the deceased alive and 2/ DATE SIGNED 220. SIGNATURE MED. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 25,1966 Glen Haven Memorial Pk. Glen Burnie, Maryland 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) AUG 25 Mary 1 Mid 1966 20 M 1/66 Glen Burnie. Richard V. Sinoleton

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10916 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY P.M.3. Page 0 d. death. ARCO MARYLAND delay Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and write RURAL and give neorest town after BURNIE URNIC d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? farm haurs 2103 DORSCY Rd ARVNOEL Pages ate NO. after death. alang with NAME OF Middle 4. DATE S Dov Year DECEASED Eden 0F Give 8 I VIENCK within (Type or print) 4 66 4 19 DEATH with t S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR NEVER MARRIED IF UNDER 24 HRS. last birthdoy) Months Hours 123 haurs WIDOWED DIVORCED and 2 event tem ] 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 24 any nde within 13. FATHER'S NAM pencil 14. MOTHER'S MAIDEN NAME = and . 17. INFORMANT be executed WAS DECEASED EVER IN U.S. ARMED FORCES? Ird "pending" ii Chief Medical permit. remaval, (If yes give wor or dotes of CAUSE OF DEATH (Enter only one couse per line toy (d), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY 10 IMMEDIATE CAUSE (o) shauld Word crematian, DUE TO 50MINS Conditions, if ony, which gove (b) rise to immediate couse (o). certificate DUE TO 0 stoting the underlying couse farwarded lost. burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? certificate. This p YES NO pe shauld be 20o. EXTERNAL CAUSE WAS agent, prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY ☐ or CONTRIBUTING ☐ AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m FUNERAL DIRECTOR: Page While Not While foctory, street, office bldg., etc.) please execute of work ot work designated 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection Inquiry and in my opinian death resulted from? Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY pe 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote 0 REMOVAL (Specify) 2So. REC'D BY REGISTRAR ZSb. REGISTRAK'S SIGNATUR VR A15ME DATEAUG 1966

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) ACO o. COUNTY o STATE b. COUNTY Anco death. MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CUTY OR JOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town offer PASAdeNA. Depart d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? haurs Route 2-Box365 Give Pages YES NO ate after death. NAME OF 4 DATE HENRY Month Doy Year DECEASED VOGTMANN \*\*\*\*\*\*\*\*\*\*\*\*\* 19 66 (Type or print) alang DEATH S. SEX MARRIED X 8. DATE OF BIRTH 9. AGE (In years 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACI NEVER MARRIED lost birthdoy) Months Doys Hours Item 18. 5/13/10 WIDOWED DIVORCED Office ( 24 hours 9 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) USF & G COUNTRY? pages in any USA \_\_ MARYLAND Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within WILLIAM M. VOGTMANN VALARIE ZENNOG File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address rd "pending" in Chief Medical E 21122 permit. or remayal, GERALDINE VOGTMANNRT. @ PASADENA MD OKK NO 212059002 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INFERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY achede desegre ONSET AND DEATH IMMEDIATE CAUSE (o) shauld Ward crematian, DUE TO Conditions, if ony, which gove writing the rise to immediate couse (a). DUE TO certificate stoting the underlying couse D lost burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY or CONTRIBUTING STAL EXAMINER: CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page ot work ot work designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -Inquiry | and in my opinion death resulted from: Natural causes Suicide [ Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22.) DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER ar **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 0 REMOVAL (Specify)
BURIAL LOUDON PARK CEMETERY BALTIMORE, MARYLAND 8/24/66 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 250. REC'D BY REGISTRAR VR A15ME (5) HOWARD H. HUBBARD 4107 WILKENS AVE. 1966 6M 1/660

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after ANNE ARUNDEL MARYLAND the ANNE ARUNDEL MARYI AND by the b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours within 72 hours FERNDALE GLEN BURNIE = (Glen Burnie)

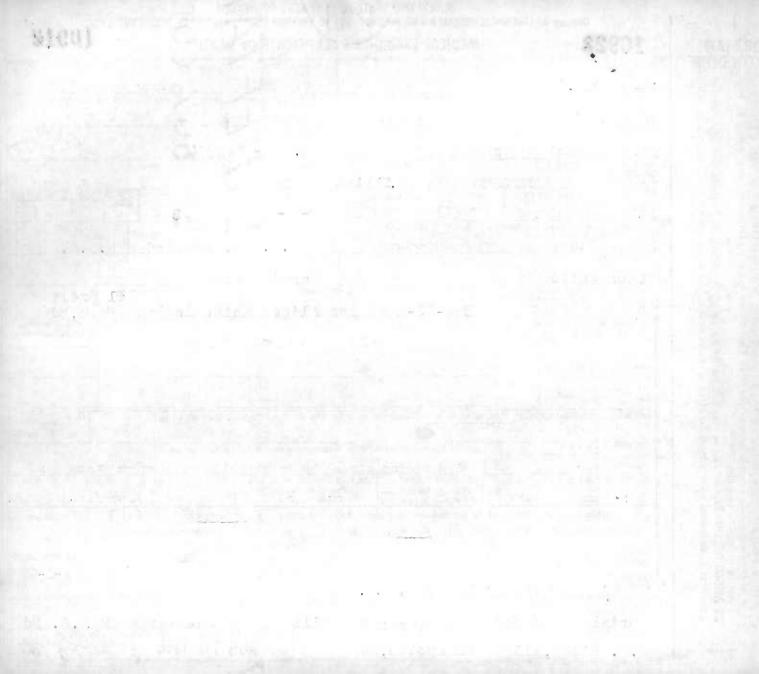
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ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS NORTH ARUNDEL HOSPITAL 212 S. HDLLINS FERRY RD. YES NO and completely remove carbon p executed within NAME OF First Middle Last 4. DATE Month Day Year DECEASED event, (Type or print) HELEN NAOMI MAGNER DEATH 23 AUGUST 19 66 6. COLOR OR RACE | 7. MARRIED 5. SFX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthday) Months any Days Hours WIDOWED J DIVORCED [ FEMALE WHITE MAY 1900 66 attending physician a ermit. Then please re non. or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT be during most of working life, even if retired) INDUSTRY COUNTRY? DWN HOME HOUSEWIFE U.S.A. death certificate ANNE ARUNDEL CO. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM T. AMANDA V. CONNER DOWNS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT the atten Address (Yes, no, or unkown) (If yes give war or dates of service) transit perm cremation, NONE MR. ALBERT H. SAME AS WAGNER 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by t the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) FUNERAL DIRECTOR: After this certifector, page 3 should be detached toolid be filed with the State Dept. of 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While Not While O HOSPITAL OR ATTENDING Page 4 may be retained by p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 1966, that (i) (we) last 10 and that death occurred at 7 saw the deceased alive on M. from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR PHYS. M.D. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Imas Saulymas 01d Annapolis Rd. Ferndale BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) .1966 BURIAL ARUNDEL FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1966 VR A15 (4) SINGLETON GLEN BURNIE. DATE 20M 1/65

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY b. COUNTY CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) wille RURAL end give neerest fown e. IS RESIDENCE OR INSTITUTION (if not in hospital give stree address) ON A FARM? YES NO Z npletel NAME OF Middle DATE Month DECEASED OF DEATH (Type or print) 19 AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED THEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED CUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? e, even if retired) ARMED FORCES? (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which geve rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO A CERTIFICA 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (State) 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m et work et work 46 19 that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from. -1- 19 and that death occured at 5. .....M. from the causes and on the dete stated above. saw the deceased alive on.... ATTENDING 22b. DATE 22e. SIGNATUR SIGNED DIRECTOR PHYS. M.D. eath. Page FUNERA 22d. ADDRESS 22c. PHYSICIAN (Stete) CEMETERY OR CREMATORY BURIAL CREMATION, 23b. o à B VR A15 (4) 15M 7/61

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10923 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COLINTY b. COLINTY Page al after death. delay c. LENGTH OF STAY IN 1b corporate limits, write RURAL and give nearest town) and (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? STREET Office alang with farm 72 haurs ate YES NO K Item 18. Give Pages haurs after death. 3. NAME OF Month Doy Year DECEASED OF DEATH within (Type or print) S. SEX COLOR OR RACE DATE AGE (In years IF UNDER 1 YEAR Jast birthdoy) Months Dovs WIDOWED DIVORCED event gud 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF during most of working life, even il retired COUNTRY? -Xec u Chief Medical Examiner's pencil 13. FATHER'S NAME be executed within File and 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. WILLIAMS remayal CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY. a IMMEDIATE CAUSE (o) ward certificate shauld crematian, DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse forwarded as lost. burial used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Z the certificate. 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 3 shauld its designated agent, priar PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not While FUNERAL DIRECTOR: Page ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Inquiry deoth resulted fram funeral directar. Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER Б may Health Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION, (County) 0 ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Charles 1966

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CERTIFICATION	PART II. OTHE	ER SIGNIFICANT C	ONDITIONS	CONTRIBUTIN	G TO DEATH BUT N	NOT RELA	TED TO THE TERM	INAL DISEASE	CONDITION GIV	VEN IN PART 1(	19. WAS PERF YES X	AUTOP FORMED NO [
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MEDICAL	20c. TIME OF INJ Hour e.m.	URY Month, De	W	hileNot	CCURRED 200. P	actory, stre	et, offica bldg., at	m, 20f. (City	or town)	(County	()	(Stete)
	21. I certify saw the decea	sed alive on						1966, 10. 2100, from	210010. the causes	AUG 19.60 and on the	6, that (1) date stated	d abov
	22a. SIGNATURE	Ilu U	our	~		M.D. P	TTENDING HYS.	MED. DIRECTOR	STAFF PHYS.	1	o Aug 6	SIG
	22c. PHYSICIAN'S NAME (Type	1	MURA,	CAPT, I	MC		2d. ADDRESS	ARMY I	IOSP, FT	GEO G M	EADE,	(D)
23	BURIAL, CREMAT	TION, 23b. DAT		23c. N.	AME OF CEMETER	Y OR CRE	MATORY	23d, LOC.	ATION (City, to	own or county)	20.8	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10915 CERTIFICATE OF DEATH 10925 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)/ requires that the death certificate be executed within 24 haurs after deat Anne Arundel BOYNTimore City o. SIMErvland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)
Crownsville c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Baltimore 22 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 06 502 N. Clinton St. Crownsville State Hospital YES NO X NAME OF Middle 4 DATE Month Year DECEASED (Type or print) 3-#32768 Lillian Wrede K. OF DEATH 19 66 IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last hirthday) Female July 10.1886 WIDOWED X DIVORCED White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Marvland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin F. Jones Elizabeth Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 213-05-25530 Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH signed by the burial-transit Pneumonia IMMEDIATE CAUSE (o) Conditions, if ony, which gave (b) Generalized, severe arteriosclerosis (Cerebro-vascular) rise to immediate couse (a). DUE TO stoting the underlying couse the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Syndrome with Psychotic Reaction NO 🔽 TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (Caunty) (State) factory, street, affice bldg., etc.) Nat While 21. I certify that (1) (this haspital) attended the deceased fram\_ , 1966, to 8/17, 1966 that (1) (we) last 7/25 19.66, and that death occurred of : 05AM, from couses and an the date stated above. saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED ATTENDING 8/17/66 M.D. PHYS. DIRECTOR 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) McHenr Crownsville State Hospitel 230. BURIAL, CREMATION, B REMOVAL (Specify) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 8/20/66 Oaklawn Cem Balto Md 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Miarley Judge VR A15 (4)C AUG 22 HAR TORN 1966

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